

J. Kent McNew Family Medical Center

Chargemaster - Room & Board and Ancillary Services Charges

December 2021

The file posted here reflects charges for items and services provided by J. Kent McNew Family Medical Center as of January 1, 2022. This type of file is commonly referred to as the hospitals "charge master." In Maryland, the Maryland Health Services Cost Review Commission (HSCRC) regulates the average rate for hospital services.

Though the HSCRC sets rates as of a certain date, hospital charges are allowed to fluctuate during the course of the year, and detailed charges for certain items may be different than the average approved rate that covers a larger group of services. This is both permissible and normal as hospitals adjust charges frequently to comply with other HSCRC regulations.

| Rate Center Description | Inpatient or Outpatient | Procedure Description | CPT/HCPC | Gross Charge | Self Pay discount if paid at time of discharge | Self Pay discount if paid within 30 days of discharge | Min Negotiated Charge | Max Negotiated Charge |
|-------------------------|-------------------------|-------------------------------------------------------------|------------|--------------|------------------------------------------------|-------------------------------------------------------|-----------------------|-----------------------|
| Psych Adult | Inpatient | R&B PSYCHIATRIC | | \$1,372.19 | \$1,344.75 | \$1,358.47 | \$1,266.53 | \$1,344.75 |
| Emergency Services | Outpatient | ED LEVEL I/EMTALA (MEDICAL SCREENING EXAMINATION) | 99281 | \$115.37 | \$113.06 | \$114.22 | \$106.49 | \$113.06 |
| Emergency Services | Outpatient | LWBS TRIAGE W/PROTOCOLS | 99281 | \$115.37 | \$113.06 | \$114.22 | \$106.49 | \$113.06 |
| Emergency Services | Outpatient | ER VISIT LEVEL II | 99282 | \$115.37 | \$113.06 | \$114.22 | \$106.49 | \$113.06 |
| Emergency Services | Outpatient | ER VISIT LEVEL III | 99283 | \$230.74 | \$226.13 | \$228.43 | \$212.97 | \$226.13 |
| Emergency Services | Outpatient | ER VISIT LEVEL IV | 99284 | \$461.48 | \$452.25 | \$456.87 | \$425.95 | \$452.25 |
| Emergency Services | Outpatient | ER VISIT LEVEL V | 99285 | \$807.60 | \$791.45 | \$799.52 | \$745.41 | \$791.45 |
| Emergency Services | Outpatient | ER AWAITING TRANS OTR FACILITY | 99285 | \$115.37 | \$113.06 | \$114.22 | \$106.49 | \$113.06 |
| Clinic Services | Outpatient | PSYCHIATRIC DIAGNOSTIC EVALUATION (NO MEDICAL SERVICES) | | \$586.41 | \$574.68 | \$580.55 | \$541.26 | \$574.68 |
| Clinic Services | Outpatient | PSYCHIATRIC DIAGNOSTIC EVALUATION (WITH MEDICAL SERVICES) | | \$879.61 | \$862.02 | \$870.81 | \$811.88 | \$862.02 |
| Clinic Services | Outpatient | CLINIC VISIT 0-10 CCT | 99211 | \$97.73 | \$95.78 | \$96.75 | \$90.20 | \$95.78 |
| Psychiatric Day/Night | Outpatient | PARTIAL HOSPITALIZATION LESS THAN 24 HOURS | | \$510.82 | \$500.60 | \$505.71 | \$471.49 | \$500.60 |
| Psychiatric Day/Night | Outpatient | PARTIAL HOSPITALIZATION LESS THAN 24 HOURS - LESS INTENSIVE | | \$357.57 | \$350.42 | \$353.99 | \$330.04 | \$350.42 |
| Psychiatric Day/Night | Outpatient | INTENSIVE OUTPATIENT PSYCH PER DAY | | \$255.41 | \$250.30 | \$252.86 | \$235.74 | \$250.30 |
| Same Day Surgery | Outpatient | SAME DAY SURGERY FEE <8 HOURS | | \$907.62 | \$889.47 | \$898.54 | \$837.73 | \$889.47 |
| Same Day Surgery | Outpatient | SAME DAY SURGERY FEE >8 HOURS | | \$907.62 | \$889.47 | \$898.54 | \$837.73 | \$889.47 |
| Same Day Surgery | Outpatient | SAME DAY SURGERY FEE IVC >6HRS | | \$907.62 | \$889.47 | \$898.54 | \$837.73 | \$889.47 |
| Operating Room | Inpatient/Outpatient | SURGERY 15 MINUTES | | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SURGERY 15 MINUTES ESP | | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SURGERY 15 MINUTES ENDO NON-GI | | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SURGERY MINUTES | | \$41.67 | \$40.84 | \$41.25 | \$38.46 | \$40.84 |
| Operating Room | Inpatient/Outpatient | SURGERY MINUTES ESP | | \$41.67 | \$40.84 | \$41.25 | \$38.46 | \$40.84 |
| Operating Room | Inpatient/Outpatient | SURGERY MINUTES ENDO NON-GI | | \$41.67 | \$40.84 | \$41.25 | \$38.46 | \$40.84 |
| Operating Room | Inpatient/Outpatient | SURGERY 15 MINUTES ENDO | | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SURGERY MINUTES ENDO | | \$41.67 | \$40.84 | \$41.25 | \$38.46 | \$40.84 |
| Operating Room | Inpatient/Outpatient | SSU THORACENTESIS | 32554 | \$2,500.45 | \$2,450.44 | \$2,475.45 | \$2,307.92 | \$2,450.44 |
| Operating Room | Inpatient/Outpatient | SSU INITIATE BLOOD TRANSFUSE | 36430 | \$7,501.35 | \$7,351.32 | \$7,426.34 | \$6,923.75 | \$7,351.32 |
| Operating Room | Inpatient/Outpatient | SSU INITIATE CRYOPRECIP TRANS | 36430 | \$7,501.35 | \$7,351.32 | \$7,426.34 | \$6,923.75 | \$7,351.32 |
| Operating Room | Inpatient/Outpatient | SSU INITIATE PLATELET TRANS | 36430 | \$7,501.35 | \$7,351.32 | \$7,426.34 | \$6,923.75 | \$7,351.32 |
| Operating Room | Inpatient/Outpatient | SSU INITIATE IMMUNOGLOB TRANS | 36430 | \$12,502.26 | \$12,252.21 | \$12,377.24 | \$11,539.59 | \$12,252.21 |
| Operating Room | Inpatient/Outpatient | SSU INSERT CENTRAL LINE <5YRS | 36555 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU INSERT CENTRAL LINE >5YRS | 36556 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU INSERT NON TUNNEL CV CATH | 36556 | \$1,875.34 | \$1,837.83 | \$1,856.59 | \$1,730.94 | \$1,837.83 |
| Operating Room | Inpatient/Outpatient | SSU INSERT CENTRAL VENOUS CATH | 36558 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU INSERT PICC LINE <2YRS | 36568 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU INSERT PICC LINE >2YRS | 36569 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU REPLACE CENT VENOUS CATH | 36584 | \$2,500.45 | \$2,450.44 | \$2,475.45 | \$2,307.92 | \$2,450.44 |
| Operating Room | Inpatient/Outpatient | TPA INJECTION VIA CATHETER | 36593 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SSU CHANGE NG TUBE | 43752 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SSU PARACENTESIS | 49082 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU CYSTOSTOMY TUBE - COMPLCAT | 51710 | \$416.74 | \$408.41 | \$412.57 | \$384.65 | \$408.41 |
| Operating Room | Inpatient/Outpatient | SSU SUPRAPUBIC TUBE CHANGE | 53899 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SSU PUNCTURE LUMBAR SPINAL TAP | 62270 | \$1,250.23 | \$1,225.23 | \$1,237.73 | \$1,153.96 | \$1,225.23 |
| Operating Room | Inpatient/Outpatient | SSU BLOOD PATCH | 62273 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SSU REP LACERATED CONJUNCTIVA | 65270 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Operating Room | Inpatient/Outpatient | SSU INJECTION BACLOFEN | 96379 | \$625.11 | \$612.61 | \$618.86 | \$576.98 | \$612.61 |
| Laboratory | Inpatient/Outpatient | FLEXI TEST HOLD CHARGE | L420000050 | \$1.50 | \$1.47 | \$1.49 | \$1.38 | \$1.47 |
| Laboratory | Inpatient/Outpatient | QUEST REFERRAL | L420030150 | \$1.50 | \$1.47 | \$1.49 | \$1.38 | \$1.47 |
| Laboratory | Inpatient/Outpatient | SWINE H1N1 PCR STAT N/C | L420030650 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | ONC MERKEL CLL CARC SRM QUAN | 0058U | \$331.08 | \$324.46 | \$327.77 | \$305.59 | \$324.46 |
| Laboratory | Inpatient/Outpatient | GI PATHOGEN 22 TARGETS | 0097U | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | RESPIR PATHOGEN 20 TARGETS | 0099U | \$719.09 | \$704.71 | \$711.90 | \$663.72 | \$704.71 |
| Laboratory | Inpatient/Outpatient | RESPIR PATHOGEN 21 TARGETS | 0100U | \$898.86 | \$880.88 | \$889.87 | \$829.65 | \$880.88 |
| Laboratory | Inpatient/Outpatient | NFCT DS 22 TRGT SARS-COV-2 (BIOFIRE) | 0202U | \$269.66 | \$264.27 | \$266.96 | \$248.90 | \$264.27 |
| Laboratory | Inpatient/Outpatient | NFCT DS VIR RESP RNA 4 TRGT | 0241U | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |

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|------------|----------------------|-----------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | REPROMEDIX BLOOD DRAW FEE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE-OLW | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE - MORRIS BLUM CLINIC | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | REFERENCE LAB DRAW | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | REPROMEDIX BLOOD DRAW FEE | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE-OLW | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | VENIPUNCTURE - MORRIS BLUM CLINIC | 36415 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | MYRIAD CLIENT BLOOD DRAW | 36415 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | CAPILLARY STICK FNGR,HEEL,EAR | 36416 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | CAPILLARY STICK FNGR,HEEL,EAR | 36416 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | CAPILLARY STICK FNGR,HEEL,EAR | 36416 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | CAPILLARY STICK FNGR,HEEL,EAR | 36416 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | METABOLIC PANEL IONIZED CA | 80047 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | BASIC METABOLIC PANEL | 80048 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | BASIC METABOLIC PANEL | 80048 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | BASIC METABOLIC PANEL | 80048 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | ELECTROLYTES PANEL | 80051 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | ELECTROLYTES PANEL | 80051 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | ELECTROLYTES PANEL | 80051 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | COMPRE METABOLIC PANEL | 80053 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | COMPRE METABOLIC PANEL | 80053 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | COMPRE METABOLIC PANEL | 80053 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LIPID PROFILE (CHOLEST,TOTAL) | 80061 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | LIPID PROFILE (CHOLEST,TOTAL) | 80061 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | RENAL PROFILE | 80069 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | RENAL PROFILE | 80069 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | LIVER (HEPATIC FUNC)PROFILE | 80076 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | LIVER (HEPATIC FUNC)PROFILE | 80076 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | LIVER (HEPATIC FUNC)PROFILE | 80076 | \$16.48 | \$16.15 | \$16.32 | \$15.21 | \$16.15 |
| Laboratory | Inpatient/Outpatient | DRUG ASSAY ADALIMUMAB | 80145 | \$229.21 | \$224.63 | \$226.92 | \$211.56 | \$224.63 |
| Laboratory | Inpatient/Outpatient | R AMIKACIN | 80150 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | AMIKACIN | 80150 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CAFFEINE | 80155 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CAFFEINE | 80155 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CARBAMAZEPINE, TOTAL | 80156 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CARBAMAZEPINE, TOTAL | 80156 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CARBAMAZEPINE, FREE | 80157 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CARBAMAZEPINE, FREE | 80157 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CYCLOSPORINE | 80158 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CYCLOSPORINE | 80158 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CLOZAPINE | 80159 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CLOZAPINE | 80159 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DIGOXIN | 80162 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DIGOXIN | 80162 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | VALPROIC ACID | 80164 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | VALPROIC ACID | 80164 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DIPROPYLACETIC ACID FREE | 80165 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DIPROPYLACETIC ACID FREE | 80165 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ETHOSUXIMIDE | 80168 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ETHOSUXIMIDE | 80168 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R EVEROLIMUS | 80169 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | EVEROLIMUS | 80169 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | GENTAMICIN | 80170 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GENTAMICIN | 80170 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GABAPENTIN | 80171 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GABAPENTIN | 80171 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R HALOPERIDOL | 80173 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HALOPERIDOL | 80173 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R LAMOTRIGINE | 80175 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LAMOTRIGINE | 80175 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LIDOCAINE | 80176 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LIDOCAINE | 80176 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R LEVETIRACETAM | 80177 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LEVETIRACETAM | 80177 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LITHIUM | 80178 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LITHIUM | 80178 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R MYCOPHENOLATE | 80180 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |

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| Laboratory | Inpatient/Outpatient | MYCOPHENOLATE | 80180 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R OXCARBAZEPINE | 80183 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | OXCARBAZEPINE | 80183 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PHENOBARBITAL | 80184 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHENOBARBITAL | 80184 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHENYTOIN (DILANTIN) | 80185 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHENYTOIN (DILANTIN) | 80185 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PHENYTOIN - FREE | 80186 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHENYTOIN - FREE | 80186 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DRUG ASSAY POSACONAZOLE | 80187 | \$143.82 | \$140.94 | \$142.38 | \$132.75 | \$140.94 |
| Laboratory | Inpatient/Outpatient | R PRIMIDONE | 80188 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PRIMIDONE | 80188 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R PROCAINAMIDE WITH NAPA | 80192 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PROCAINAMIDE WITH NAPA | 80192 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R QUINIDINE | 80194 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | QUINIDINE | 80194 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R SIROLIMUS | 80195 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | SIROLIMUS | 80195 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R TACROLIMUS | 80197 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | TACROLIMUS | 80197 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | THEOPHYLLINE | 80198 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THEOPHYLLINE | 80198 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TOBRAMYCIN | 80200 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TOBRAMYCIN | 80200 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TOPIRAMATE | 80201 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TOPIRAMATE | 80201 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | VANCOMYCIN | 80202 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | VANCOMYCIN | 80202 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ZONISAMIDE | 80203 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ZONISAMIDE | 80203 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DRUG ASSAY INFLIXIMAB | 80230 | \$229.21 | \$224.63 | \$226.92 | \$211.56 | \$224.63 |
| Laboratory | Inpatient/Outpatient | DRUG ASSAY LACOSAMIDE | 80235 | \$124.34 | \$121.85 | \$123.10 | \$114.77 | \$121.85 |
| Laboratory | Inpatient/Outpatient | DRUG ASSAY VORICONAZOLE | 80285 | \$212.73 | \$208.48 | \$210.60 | \$196.35 | \$208.48 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | R QUANTITATION OF DRUG, NES | 80299 | \$486.88 | \$477.14 | \$482.01 | \$449.39 | \$477.14 |
| Laboratory | Inpatient/Outpatient | QUANTITATION OF DRUG, NES | 80299 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | QUANTITATION OF DRUG, NES | 80299 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | QUANTITATION OF DRUG, NES | 80299 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | QUANTITATION OF DRUG, NES | 80299 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | QUANTITATION OF DRUG, NES | 80299 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | DRUG TEST PRSMV CHEM ANALYZR | 80307 | \$95.88 | \$93.96 | \$94.92 | \$88.50 | \$93.96 |
| Laboratory | Inpatient/Outpatient | R DRUG TEST PRSMV CHEM ANALYZR | 80307 | \$95.88 | \$93.96 | \$94.92 | \$88.50 | \$93.96 |
| Laboratory | Inpatient/Outpatient | DRUG TEST PRSMV CHEM ANALYZR | 80307 | \$95.88 | \$93.96 | \$94.92 | \$88.50 | \$93.96 |
| Laboratory | Inpatient/Outpatient | DRUG TEST PRSMV CHEM ANALYZR | 80307 | \$95.88 | \$93.96 | \$94.92 | \$88.50 | \$93.96 |
| Laboratory | Inpatient/Outpatient | DRUG SCREEN QUANT ALCOHOLS | 80320 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DRUG SCREEN QUANT ALCOHOLS | 80320 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALCOHOLS BIOMARKERS 1 OR 2 | 80321 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R ALKALOIDS NOS | 80323 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | ALKALOIDS NOS | 80323 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | ALKALOIDS NOS | 80323 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | ALKALOIDS NOS | 80323 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R DRUG SCREEN AMPHETAMINES 1 OR 2 | 80324 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DRUG SCREEN AMPHETAMINES 1 OR 2 | 80324 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE | 80326 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R ANABOLIC STEROID 1 OR 2 (DIHYDROTESTOSTERONE) | 80327 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANABOLIC STEROID 1 OR 2 (DIHYDROTESTOSTERONE) | 80327 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE) | 80329 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN) | 80329 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE) | 80329 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN) | 80329 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DRUG SCREEN ANALGESICS NON-OPIOID 3-5 | 80330 | \$4.49 | \$4.40 | \$4.45 | \$4.14 | \$4.40 |

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|------------|----------------------|---------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANTS CLASS 1 OR 2 | 80332 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5 | 80333 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (IMIPRAMINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE) | 80335 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRICYCLIC & CYCLICALS 6/MORE | 80337 | \$86.89 | \$85.15 | \$86.02 | \$80.20 | \$85.15 |
| Laboratory | Inpatient/Outpatient | ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE | 80337 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R ANTIEPILEPTICS NOS 1-3 (METHSUXIMIDE) | 80339 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIEPILEPTICS NOS 42738 (METHSUXIMIDE) | 80339 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6 | 80340 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R ANTIPSYCHOTICS NOS 1-3 (PHENOTHIAZINE) | 80342 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIPSYCHOTICS NOS 1-3 (PHENOTHIAZINE) | 80342 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE | 80344 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R DRUG SCREENING BARBITURATES | 80345 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING BARBITURATES | 80345 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R BENZODIAZEPINES 1-12 | 80346 | \$202.24 | \$198.20 | \$200.22 | \$186.67 | \$198.20 |
| Laboratory | Inpatient/Outpatient | R BENZODIAZEPINES 1-12 | 80346 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | BENZODIAZEPINES 42747 | 80346 | \$202.24 | \$198.20 | \$200.22 | \$186.67 | \$198.20 |
| Laboratory | Inpatient/Outpatient | BENZODIAZEPINES 42747 | 80346 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING BUPRENORPHINE | 80348 | \$98.87 | \$96.89 | \$97.88 | \$91.26 | \$96.89 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING BUPRENORPHINE | 80348 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING CANNABINOIDS NATURAL | 80349 | \$76.40 | \$74.87 | \$75.64 | \$70.52 | \$74.87 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING COCAINE | 80353 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R DRUG SCREENING FENTANYL | 80354 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING FENTANYL | 80354 | \$47.94 | \$46.98 | \$47.46 | \$44.25 | \$46.98 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING GABAPENTIN NON-BLOOD | 80355 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING HEROIN METABOLITE | 80356 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING KETAMINE AND NORKETAMINE | 80357 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R DRUG SCREENING METHADONE | 80358 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING METHADONE | 80358 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R METHYLENEDIOXYAMPHETAMINES | 80359 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | METHYLENEDIOXYAMPHETAMINES | 80359 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING METHYLPHENIDATE | 80360 | \$77.90 | \$76.34 | \$77.12 | \$71.90 | \$76.34 |
| Laboratory | Inpatient/Outpatient | R OPIATES 1 OR MORE (DIHYDROCODEINONE) | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R OPIATES 1 OR MORE (DIHYDROCODEINONE) | 80361 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | R OPIATES 1 OR MORE (DIHYDROMORPHINONE) | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R OPIATES 1 OR MORE (DIHYDROMORPHINONE) | 80361 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | R OPIATES 1 OR MORE | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | OPIATES 1 OR MORE (DIHYDROCODEINONE) | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | OPIATES 1 OR MORE | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | OPIATES 1 OR MORE (DIHYDROMORPHINONE) | 80361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R OPIOIDS & OPIATE ANALOGS 1 OR 2 | 80362 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | R OPIOID & OPIATE ANALOG 5 OR MORE | 80364 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | OPIOID & OPIATE ANALOG 5 OR MORE | 80364 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R DRUG SCREENING OXYCODONE | 80365 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING OXYCODONE | 80365 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING PREGABALIN | 80366 | \$124.34 | \$121.85 | \$123.10 | \$114.77 | \$121.85 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING PREGABALIN | 80366 | \$124.34 | \$121.85 | \$123.10 | \$114.77 | \$121.85 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING PROPOXYPHENE | 80367 | \$76.40 | \$74.87 | \$75.64 | \$70.52 | \$74.87 |
| Laboratory | Inpatient/Outpatient | R SEDATIVE HYPNOTICS | 80368 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | SEDATIVE HYPNOTICS | 80368 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | R SKELETAL MUSCLE RELAXANT 1/2 (MEPROBAMATE) | 80369 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R SKELETAL MUSCLE RELAXANT 1/2 | 80369 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | SKELETAL MUSCLE RELAXANT 1/2 (MEPROBAMATE) | 80369 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING TAPENTADOL | 80372 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | DRUG SCREENING TRAMADOL | 80373 | \$85.39 | \$83.68 | \$84.54 | \$78.81 | \$83.68 |
| Laboratory | Inpatient/Outpatient | DRUG/SUBSTANCE NOS 1-3 | 80375 | \$402.99 | \$394.93 | \$398.96 | \$371.96 | \$394.93 |
| Laboratory | Inpatient/Outpatient | DRUG/SUBSTANCE NOS 7/MORE | 80377 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ACTH STIM PANEL, ADRENAL INSUFF | 80400 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ACTH STIM PANEL, ADRENAL INSUFF | 80400 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | URINALYSIS W/ MICRO | 81001 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | URINALYSIS W/ MICRO | 81001 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | R URINALYSIS NON-AUTO, W/O MICRO | 81002 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |

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|------------|----------------------|--------------------------------------------|-------|------------|------------|------------|------------|------------|
| Laboratory | Inpatient/Outpatient | URINALYSIS NON-AUTO, W/O MICRO | 81002 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | URINALYSIS AUTOMATED, W/O MICRO | 81003 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | URINALYSIS AUTOMATED, W/O MICRO | 81003 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE | 81005 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | R URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE | 81005 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE | 81005 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE | 81005 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | URINE PREGNANCY TEST | 81025 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | URINE PREGNANCY TEST | 81025 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | VOLUME MEASUREMENT TIMED COLLECTION | 81050 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | VOLUME MEASUREMENT TIMED COLLECTION | 81050 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | HPA-1 GENOTYPING | 81105 | \$146.81 | \$143.87 | \$145.34 | \$135.51 | \$143.87 |
| Laboratory | Inpatient/Outpatient | BRCA1&2 SEQ & FULL DUP/DEL | 81162 | \$2,468.86 | \$2,419.48 | \$2,444.17 | \$2,278.76 | \$2,419.48 |
| Laboratory | Inpatient/Outpatient | BRCA1&2 SEQ & FULL DUP/DEL | 81162 | \$2,468.86 | \$2,419.48 | \$2,444.17 | \$2,278.76 | \$2,419.48 |
| Laboratory | Inpatient/Outpatient | ABL1 GENE | 81170 | \$175.28 | \$171.77 | \$173.53 | \$161.78 | \$171.77 |
| Laboratory | Inpatient/Outpatient | ABL1 GENE | 81170 | \$313.10 | \$306.84 | \$309.97 | \$288.99 | \$306.84 |
| Laboratory | Inpatient/Outpatient | R ASPA GENE ANALYSIS (CANAVAN) | 81200 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | ASPA GENE ANALYSIS (CANAVAN) | 81200 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MAJ BRK PNT | 81206 | \$119.85 | \$117.45 | \$118.65 | \$110.62 | \$117.45 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MAJ BRK PNT | 81206 | \$823.95 | \$807.47 | \$815.71 | \$760.51 | \$807.47 |
| Laboratory | Inpatient/Outpatient | BCR/ABL1 TRANSLOC MAJ BRK PNT | 81206 | \$119.85 | \$117.45 | \$118.65 | \$110.62 | \$117.45 |
| Laboratory | Inpatient/Outpatient | BCR/ABL1 TRANSLOC MAJ BRK PNT | 81206 | \$823.95 | \$807.47 | \$815.71 | \$760.51 | \$807.47 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MIN BRK PNT | 81207 | \$119.85 | \$117.45 | \$118.65 | \$110.62 | \$117.45 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MIN BRK PNT | 81207 | \$823.95 | \$807.47 | \$815.71 | \$760.51 | \$807.47 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MIN BRK PNT | 81207 | \$823.95 | \$807.47 | \$815.71 | \$760.51 | \$807.47 |
| Laboratory | Inpatient/Outpatient | R BCR/ABL1 TRANSLOC MIN BRK PNT | 81207 | \$823.95 | \$807.47 | \$815.71 | \$760.51 | \$807.47 |
| Laboratory | Inpatient/Outpatient | R BRAF GENE ANALYSIS | 81210 | \$531.82 | \$521.18 | \$526.50 | \$490.87 | \$521.18 |
| Laboratory | Inpatient/Outpatient | BRAF GENE ANALYSIS | 81210 | \$531.82 | \$521.18 | \$526.50 | \$490.87 | \$521.18 |
| Laboratory | Inpatient/Outpatient | CALR GENE COM VARIANTS | 81219 | \$566.28 | \$554.95 | \$560.62 | \$522.68 | \$554.95 |
| Laboratory | Inpatient/Outpatient | CALR GENE COM VARIANTS | 81219 | \$512.35 | \$502.10 | \$507.23 | \$472.90 | \$502.10 |
| Laboratory | Inpatient/Outpatient | CALR GENE COM VARIANTS | 81219 | \$566.28 | \$554.95 | \$560.62 | \$522.68 | \$554.95 |
| Laboratory | Inpatient/Outpatient | R CFTR GENE ANLYS COM VAR | 81220 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R CFTR GENE ANLYS COM VAR | 81220 | \$2,913.80 | \$2,855.52 | \$2,884.66 | \$2,689.44 | \$2,855.52 |
| Laboratory | Inpatient/Outpatient | R CFTR GENE ANALYSIS (CYSTIC FIBROSIS) | 81220 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | CFTR GENE ANLYS COM VAR | 81220 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | CFTR GENE ANALYSIS (CYSTIC FIBROSIS) | 81220 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | R CFTR INTRON 8 POLY-T ANLYS | 81224 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | CFTR INTRON 8 POLY-T ANLYS | 81224 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | R CYP2C19 GENE ANLYS COMM VAR | 81225 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | CYP2C19 GENE ANLYS COMM VAR | 81225 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | R CYP2D6 GENE ANLYS COMM VAR | 81226 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | CYP2D6 GENE ANLYS COMM VAR | 81226 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | R CYP2C9 GENE ANLYS COMM VAR | 81227 | \$254.68 | \$249.59 | \$252.13 | \$235.07 | \$249.59 |
| Laboratory | Inpatient/Outpatient | CYP2C9 GENE ANLYS COMM VAR | 81227 | \$254.68 | \$249.59 | \$252.13 | \$235.07 | \$249.59 |
| Laboratory | Inpatient/Outpatient | TISSUE MICROARRAY TESTING | 81229 | \$1,273.38 | \$1,247.91 | \$1,260.65 | \$1,175.33 | \$1,247.91 |
| Laboratory | Inpatient/Outpatient | CYTOGEN M ARRAY COPY NO&SNP | 81229 | \$1,361.77 | \$1,334.53 | \$1,348.15 | \$1,256.91 | \$1,334.53 |
| Laboratory | Inpatient/Outpatient | CYTOGEN M ARRAY COPY NO&SNP | 81229 | \$1,273.38 | \$1,247.91 | \$1,260.65 | \$1,175.33 | \$1,247.91 |
| Laboratory | Inpatient/Outpatient | R EGFR GENE ANLYS COMM VAR | 81235 | \$516.84 | \$506.50 | \$511.67 | \$477.04 | \$506.50 |
| Laboratory | Inpatient/Outpatient | EGFR GENE COM VARIANTS | 81235 | \$1,763.26 | \$1,727.99 | \$1,745.63 | \$1,627.49 | \$1,727.99 |
| Laboratory | Inpatient/Outpatient | EGFR GENE ANLYS COMM VAR | 81235 | \$516.84 | \$506.50 | \$511.67 | \$477.04 | \$506.50 |
| Laboratory | Inpatient/Outpatient | EGFR GENE COM VARIANTS | 81235 | \$1,763.26 | \$1,727.99 | \$1,745.63 | \$1,627.49 | \$1,727.99 |
| Laboratory | Inpatient/Outpatient | R F2 GENE ANLYS 20210G>A VAR | 81240 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | F2 GENE ANLYS 20210G>A VAR | 81240 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R F5 GENE ANLYS LEIDEN VAR | 81241 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | F5 GENE ANLYS LEIDEN VAR | 81241 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | R FMR1 GN ANLYS ABNRML ALLELES | 81243 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | FMR1 GN ANLYS ABNRML ALLELES | 81243 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | FLT3 GENE | 81245 | \$175.28 | \$171.77 | \$173.53 | \$161.78 | \$171.77 |
| Laboratory | Inpatient/Outpatient | FLT3 GENE ANALYSIS | 81246 | \$175.28 | \$171.77 | \$173.53 | \$161.78 | \$171.77 |
| Laboratory | Inpatient/Outpatient | R HEXA GENE ANLYS COMM VAR | 81255 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | R HEXA GENE ANALYSIS (TAY SACHS) | 81255 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | HEXA GENE ANLYS COMM VAR | 81255 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | HEXA GENE ANALYSIS (TAY SACHS) | 81255 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | R HFE GENE ANLYS COMM VAR | 81256 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | HFE GENE ANLYS COMM VAR | 81256 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | R HBA1/HBA2 GN ANLYS DELET/VAR | 81257 | \$284.64 | \$278.95 | \$281.79 | \$262.72 | \$278.95 |
| Laboratory | Inpatient/Outpatient | HBA1/HBA2 GN ANLYS DELET/VAR | 81257 | \$284.64 | \$278.95 | \$281.79 | \$262.72 | \$278.95 |
| Laboratory | Inpatient/Outpatient | R IKBKAP GENE ANALYSIS (FAM DYSAUTONOMIA) | 81260 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | IKBKAP GENE ANALYSIS (FAM DYSAUTONOMIA) | 81260 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |

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|------------|----------------------|------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | R IGH GENE REARRANGE AMP METH | 81261 | \$411.98 | \$403.74 | \$407.86 | \$380.26 | \$403.74 |
| Laboratory | Inpatient/Outpatient | R IGH GENE REARRANGE AMP METH | 81261 | \$584.26 | \$572.57 | \$578.42 | \$539.27 | \$572.57 |
| Laboratory | Inpatient/Outpatient | IGH GENE REARRANGE AMP METH | 81261 | \$411.98 | \$403.74 | \$407.86 | \$380.26 | \$403.74 |
| Laboratory | Inpatient/Outpatient | IGH GENE REARRANGE AMP METH | 81261 | \$584.26 | \$572.57 | \$578.42 | \$539.27 | \$572.57 |
| Laboratory | Inpatient/Outpatient | R IGH VAR REG SOMATIC MUT ANLY | 81263 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | IGH VAR REG SOMATIC MUT ANLY | 81263 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | CHIMERISM ANAL NO CELL SELEC | 81267 | \$389.51 | \$381.72 | \$385.61 | \$359.52 | \$381.72 |
| Laboratory | Inpatient/Outpatient | CHIMERISM ANAL W/CELL SELECT | 81268 | \$277.15 | \$271.61 | \$274.38 | \$255.81 | \$271.61 |
| Laboratory | Inpatient/Outpatient | R JAK2 GENE ANLYS V617F VAR | 81270 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R JAK2 GENE ANLYS V617F VAR | 81270 | \$337.07 | \$330.33 | \$333.70 | \$311.12 | \$330.33 |
| Laboratory | Inpatient/Outpatient | JAK2 GENE ANLYS V617F VAR | 81270 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | JAK2 GENE ANLYS V617F VAR | 81270 | \$337.07 | \$330.33 | \$333.70 | \$311.12 | \$330.33 |
| Laboratory | Inpatient/Outpatient | KIT GENE TARGETED SEQ ANALYS | 81272 | \$380.52 | \$372.91 | \$376.71 | \$351.22 | \$372.91 |
| Laboratory | Inpatient/Outpatient | KIT GENE TARGETED SEQ ANALYS | 81272 | \$380.52 | \$372.91 | \$376.71 | \$351.22 | \$372.91 |
| Laboratory | Inpatient/Outpatient | KIT GENE ANALYS D816 VARIANT | 81273 | \$379.02 | \$371.44 | \$375.23 | \$349.84 | \$371.44 |
| Laboratory | Inpatient/Outpatient | KIT GENE ANALYS D816 VARIANT | 81273 | \$379.02 | \$371.44 | \$375.23 | \$349.84 | \$371.44 |
| Laboratory | Inpatient/Outpatient | R KRAS GENE ANLYS VAR IN CODON | 81275 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | KRAS GENE ANLYS VAR IN CODON | 81275 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | KRAS GENE ADDL VARIANTS | 81276 | \$301.12 | \$295.10 | \$298.11 | \$277.93 | \$295.10 |
| Laboratory | Inpatient/Outpatient | KRAS GENE ADDL VARIANTS | 81276 | \$301.12 | \$295.10 | \$298.11 | \$277.93 | \$295.10 |
| Laboratory | Inpatient/Outpatient | MGMT GENE METHYLATION ANAL | 81287 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | MGMT GENE METHYLATION ANAL | 81287 | \$408.98 | \$400.80 | \$404.89 | \$377.49 | \$400.80 |
| Laboratory | Inpatient/Outpatient | MGMT GENE METHYLATION ANAL | 81287 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | MGMT GENE METHYLATION ANAL | 81287 | \$408.98 | \$400.80 | \$404.89 | \$377.49 | \$400.80 |
| Laboratory | Inpatient/Outpatient | MLH1 GENE | 81288 | \$540.81 | \$529.99 | \$535.40 | \$499.17 | \$529.99 |
| Laboratory | Inpatient/Outpatient | MLH1 GENE | 81288 | \$516.84 | \$506.50 | \$511.67 | \$477.04 | \$506.50 |
| Laboratory | Inpatient/Outpatient | R MTHFR GENE ANLYS COMM VAR | 81291 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | MTHFR GENE ANLYS COMM VAR | 81291 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | MLH1 GENE FULL SEQUENCE ANALYSIS | 81292 | \$552.80 | \$541.74 | \$547.27 | \$510.23 | \$541.74 |
| Laboratory | Inpatient/Outpatient | MLH1 GENE DUP/DELETE VARIANT | 81294 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | 81295 | \$131.83 | \$129.19 | \$130.51 | \$121.68 | \$129.19 |
| Laboratory | Inpatient/Outpatient | MSH2 GENE DUP/DELETE VARIANT | 81297 | \$131.83 | \$129.19 | \$130.51 | \$121.68 | \$129.19 |
| Laboratory | Inpatient/Outpatient | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS | 81298 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | MSH6 GENE DUP/DELETE VARIANT | 81300 | \$139.32 | \$136.53 | \$137.93 | \$128.59 | \$136.53 |
| Laboratory | Inpatient/Outpatient | R MICROSATELLITE INSTABILITY ANALYSIS, MARKERS | 81301 | \$486.88 | \$477.14 | \$482.01 | \$449.39 | \$477.14 |
| Laboratory | Inpatient/Outpatient | MICROSATELLITE INSTABILITY ANALYSIS, MARKERS | 81301 | \$486.88 | \$477.14 | \$482.01 | \$449.39 | \$477.14 |
| Laboratory | Inpatient/Outpatient | MYD88 GENE P.LEU265PRO VRNT | 81305 | \$414.97 | \$406.67 | \$410.82 | \$383.02 | \$406.67 |
| Laboratory | Inpatient/Outpatient | NPM1 GENE | 81310 | \$175.28 | \$171.77 | \$173.53 | \$161.78 | \$171.77 |
| Laboratory | Inpatient/Outpatient | NRAS GENE VARIANTS EXON 2&3 | 81311 | \$290.63 | \$284.82 | \$287.72 | \$268.25 | \$284.82 |
| Laboratory | Inpatient/Outpatient | NRAS GENE VARIANTS EXON 2&3 | 81311 | \$290.63 | \$284.82 | \$287.72 | \$268.25 | \$284.82 |
| Laboratory | Inpatient/Outpatient | PDGFRA GENE | 81314 | \$485.38 | \$475.67 | \$480.53 | \$448.01 | \$475.67 |
| Laboratory | Inpatient/Outpatient | PML/RARALPHA COM BREAKPOINTS | 81315 | \$184.27 | \$180.58 | \$182.43 | \$170.08 | \$180.58 |
| Laboratory | Inpatient/Outpatient | PML/RARALPHA COM BREAKPOINTS | 81315 | \$184.27 | \$180.58 | \$182.43 | \$170.08 | \$180.58 |
| Laboratory | Inpatient/Outpatient | PML/RARALPHA COM BREAKPOINTS | 81315 | \$184.27 | \$180.58 | \$182.43 | \$170.08 | \$180.58 |
| Laboratory | Inpatient/Outpatient | PMS2 GENE ANALYSIS FULL SEQUENCE | 81317 | \$668.15 | \$654.79 | \$661.47 | \$616.70 | \$654.79 |
| Laboratory | Inpatient/Outpatient | PMS2 GENE DUP/DELETE VARIANT | 81319 | \$190.26 | \$186.45 | \$188.36 | \$175.61 | \$186.45 |
| Laboratory | Inpatient/Outpatient | SMN1 GENE DOS/DELETION ALYS | 81329 | \$901.85 | \$883.81 | \$892.83 | \$832.41 | \$883.81 |
| Laboratory | Inpatient/Outpatient | R SNRPN/UBE3A METHYLATION ANLY | 81331 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | SNRPN/UBE3A METHYLATION ANLY | 81331 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R SERPINA1 GENE ANLY COMM VAR | 81332 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | SERPINA1 GENE ANLY COMM VAR | 81332 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R TRB GENE REARRANGE AMPLIFY METHODOLOGY | 81340 | \$217.22 | \$212.88 | \$215.05 | \$200.49 | \$212.88 |
| Laboratory | Inpatient/Outpatient | TRB GENE REARRANGE AMPLIFY METHODOLOGY | 81340 | \$217.22 | \$212.88 | \$215.05 | \$200.49 | \$212.88 |
| Laboratory | Inpatient/Outpatient | R TRG GENE REARRANGEMENT ANALYSIS | 81342 | \$501.86 | \$491.82 | \$496.84 | \$463.22 | \$491.82 |
| Laboratory | Inpatient/Outpatient | TRG GENE REARRANGEMENT ANALYSIS | 81342 | \$217.22 | \$212.88 | \$215.05 | \$200.49 | \$212.88 |
| Laboratory | Inpatient/Outpatient | TRG GENE REARRANGEMENT ANALYSIS | 81342 | \$501.86 | \$491.82 | \$496.84 | \$463.22 | \$491.82 |
| Laboratory | Inpatient/Outpatient | TRG GENE REARRANGEMENT ANALYSIS | 81342 | \$217.22 | \$212.88 | \$215.05 | \$200.49 | \$212.88 |
| Laboratory | Inpatient/Outpatient | HBB FULL GENE SEQUENCE | 81364 | \$346.06 | \$339.14 | \$342.60 | \$319.41 | \$339.14 |
| Laboratory | Inpatient/Outpatient | HBB FULL GENE SEQUENCE | 81364 | \$346.06 | \$339.14 | \$342.60 | \$319.41 | \$339.14 |
| Laboratory | Inpatient/Outpatient | R HLA CLASS 1&2 TYPNG LOW RES | 81370 | \$119.85 | \$117.45 | \$118.65 | \$110.62 | \$117.45 |
| Laboratory | Inpatient/Outpatient | HLA I TYPING 1 ANTIGEN LR | 81374 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | HLA II TYPING 1 LOCUS LR | 81376 | \$263.67 | \$258.40 | \$261.03 | \$243.37 | \$258.40 |
| Laboratory | Inpatient/Outpatient | HLA II TYPING 1 LOCUS LR | 81376 | \$263.67 | \$258.40 | \$261.03 | \$243.37 | \$258.40 |
| Laboratory | Inpatient/Outpatient | R HLA CL 1 HI RES 1-GRP ALLELES | 81381 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | HLA CL 1 HI RES 1-GRP ALLELES | 81381 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | R HLA CLASS 2 TYPNG HI RES EA | 81382 | \$816.46 | \$800.13 | \$808.30 | \$753.59 | \$800.13 |
| Laboratory | Inpatient/Outpatient | HLA CLASS 2 TYPNG HI RES EA | 81382 | \$816.46 | \$800.13 | \$808.30 | \$753.59 | \$800.13 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 1 | 81400 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 1 | 81400 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |

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|------------|----------------------|-----------------------------------------------|-------|------------|------------|------------|------------|------------|
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$277.15 | \$271.61 | \$274.38 | \$255.81 | \$271.61 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$501.86 | \$491.82 | \$496.84 | \$463.22 | \$491.82 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$269.66 | \$264.27 | \$266.96 | \$248.90 | \$264.27 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$411.98 | \$403.74 | \$407.86 | \$380.26 | \$403.74 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$367.03 | \$359.69 | \$363.36 | \$338.77 | \$359.69 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$411.98 | \$403.74 | \$407.86 | \$380.26 | \$403.74 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$838.93 | \$822.15 | \$830.54 | \$774.33 | \$822.15 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$269.66 | \$264.27 | \$266.96 | \$248.90 | \$264.27 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$277.15 | \$271.61 | \$274.38 | \$255.81 | \$271.61 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$501.86 | \$491.82 | \$496.84 | \$463.22 | \$491.82 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$269.66 | \$264.27 | \$266.96 | \$248.90 | \$264.27 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 2 | 81401 | \$411.98 | \$403.74 | \$407.86 | \$380.26 | \$403.74 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 3 | 81402 | \$426.96 | \$418.42 | \$422.69 | \$394.08 | \$418.42 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 3 | 81402 | \$471.90 | \$462.46 | \$467.18 | \$435.56 | \$462.46 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 3 | 81402 | \$426.96 | \$418.42 | \$422.69 | \$394.08 | \$418.42 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 3 | 81402 | \$471.90 | \$462.46 | \$467.18 | \$435.56 | \$462.46 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$1,183.50 | \$1,159.83 | \$1,171.67 | \$1,092.37 | \$1,159.83 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$585.76 | \$574.04 | \$579.90 | \$540.66 | \$574.04 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 4 | 81403 | \$1,183.50 | \$1,159.83 | \$1,171.67 | \$1,092.37 | \$1,159.83 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 5 | 81404 | \$284.64 | \$278.95 | \$281.79 | \$262.72 | \$278.95 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 5 | 81404 | \$322.09 | \$315.65 | \$318.87 | \$297.29 | \$315.65 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 5 | 81404 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 5 | 81404 | \$707.10 | \$692.96 | \$700.03 | \$652.65 | \$692.96 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY LEVEL 5 | 81404 | \$284.64 | \$278.95 | \$281.79 | \$262.72 | \$278.95 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY LEVEL 6 | 81405 | \$284.64 | \$278.95 | \$281.79 | \$262.72 | \$278.95 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | 81405 | \$994.74 | \$974.85 | \$984.79 | \$918.15 | \$974.85 |
| Laboratory | Inpatient/Outpatient | MOPATH PROCEDURE LEVEL 7 | 81406 | \$1,480.12 | \$1,450.52 | \$1,465.32 | \$1,366.15 | \$1,450.52 |
| Laboratory | Inpatient/Outpatient | MOPATH PROCEDURE LEVEL 7 | 81406 | \$1,480.12 | \$1,450.52 | \$1,465.32 | \$1,366.15 | \$1,450.52 |
| Laboratory | Inpatient/Outpatient | BRAF GENE | 81420 | \$2,352.01 | \$2,304.97 | \$2,328.49 | \$2,170.91 | \$2,304.97 |
| Laboratory | Inpatient/Outpatient | BRAF GENE | 81420 | \$2,352.01 | \$2,304.97 | \$2,328.49 | \$2,170.91 | \$2,304.97 |
| Laboratory | Inpatient/Outpatient | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | 81445 | \$1,788.73 | \$1,752.96 | \$1,770.84 | \$1,651.00 | \$1,752.96 |
| Laboratory | Inpatient/Outpatient | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | 81445 | \$943.80 | \$924.92 | \$934.36 | \$871.13 | \$924.92 |
| Laboratory | Inpatient/Outpatient | TARGETED GENOMIC SEQ ANALYS | 81450 | \$945.30 | \$926.39 | \$935.85 | \$872.51 | \$926.39 |
| Laboratory | Inpatient/Outpatient | TARGETED GENOMIC SEQ ANALYS | 81450 | \$2,229.17 | \$2,184.59 | \$2,206.88 | \$2,057.52 | \$2,184.59 |
| Laboratory | Inpatient/Outpatient | TARGETED GENOMIC SEQ ANALYS | 81450 | \$2,402.95 | \$2,354.89 | \$2,378.92 | \$2,217.92 | \$2,354.89 |
| Laboratory | Inpatient/Outpatient | TARGETED GENOMIC SEQ ANALYS | 81455 | \$4,037.37 | \$3,956.62 | \$3,997.00 | \$3,726.49 | \$3,956.62 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$838.93 | \$822.15 | \$830.54 | \$774.33 | \$822.15 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$539.31 | \$528.52 | \$533.92 | \$497.78 | \$528.52 |
| Laboratory | Inpatient/Outpatient | R MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$561.79 | \$550.55 | \$556.17 | \$518.53 | \$550.55 |
| Laboratory | Inpatient/Outpatient | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$726.58 | \$712.05 | \$719.31 | \$670.63 | \$712.05 |
| Laboratory | Inpatient/Outpatient | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$2,079.36 | \$2,037.77 | \$2,058.57 | \$1,919.25 | \$2,037.77 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | 81479 | \$2,079.36 | \$2,037.77 | \$2,058.57 | \$1,919.25 | \$2,037.77 |
| Laboratory | Inpatient/Outpatient | UNLISTED MOLECULAR PATHOLOGY | 81479 | \$1,417.20 | \$1,388.86 | \$1,403.03 | \$1,308.08 | \$1,388.86 |
| Laboratory | Inpatient/Outpatient | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS | 81500 | \$395.50 | \$387.59 | \$391.55 | \$365.05 | \$387.59 |
| Laboratory | Inpatient/Outpatient | R FTL CGEN ABNOR ASSAYS TWO PROTEINS | 81508 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | FTL CGEN ABNOR ASSAYS TWO PROTEINS | 81508 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R FTL CGEN ABNOR ASSAY FOUR ANAL | 81511 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES | 81519 | \$4,626.12 | \$4,533.60 | \$4,579.86 | \$4,269.91 | \$4,533.60 |
| Laboratory | Inpatient/Outpatient | R UNLISTED MAAA | 81599 | \$434.45 | \$425.76 | \$430.11 | \$401.00 | \$425.76 |
| Laboratory | Inpatient/Outpatient | UNLISTED MAAA | 81599 | \$434.45 | \$425.76 | \$430.11 | \$401.00 | \$425.76 |
| Laboratory | Inpatient/Outpatient | R TEST FOR ACETONE/KETONES, SERUM, QUAL | 82009 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | TEST FOR ACETONE/KETONES, SERUM, QUAL | 82009 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | R ACETONE ASSAY, SERUM, QUANT | 82010 | \$19.48 | \$19.09 | \$19.29 | \$17.98 | \$19.09 |
| Laboratory | Inpatient/Outpatient | ACETONE ASSAY, SERUM, QUANT | 82010 | \$19.48 | \$19.09 | \$19.29 | \$17.98 | \$19.09 |
| Laboratory | Inpatient/Outpatient | R ACYLCARNITINES, QUAN, EA SPECIMEN | 82017 | \$194.75 | \$190.86 | \$192.80 | \$179.75 | \$190.86 |
| Laboratory | Inpatient/Outpatient | ACYLCARNITINES, QUAN, EA SPECIMEN | 82017 | \$194.75 | \$190.86 | \$192.80 | \$179.75 | \$190.86 |
| Laboratory | Inpatient/Outpatient | R ADRENOCORTICOTROPIC HORM, ACTH | 82024 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ADRENOCORTICOTROPIC HORM, ACTH | 82024 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD | 82040 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD | 82040 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |

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|------------|----------------------|-------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD | 82040 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD | 82040 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | ALBUMIN, QUAN | 82042 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R ALBUMIN, QUAN | 82042 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | ALBUMIN, URINE OR OTHER SOURCE | 82042 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | MICROALBUMIN, URINE QUAN | 82043 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | MICROALBUMIN, URINE | 82043 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALDOLASE | 82085 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALDOLASE | 82085 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALDOSTERONE | 82088 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ALDOSTERONE | 82088 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ALPHA-1-ANTITRYPSIN, TOTAL | 82103 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALPHA-1-ANTITRYPSIN, TOTAL | 82103 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALPHA-1-ANTITRYPSIN, PHENOTYPE | 82104 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ALPHA-1-ANTITRYPSIN, PHENOTYPE | 82104 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ALPHA-FETOPROTEIN (AFP), SERUM | 82105 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALPHA-FETOPROTEIN (AFP), SERUM | 82105 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALPHA-FETOPROTEIN (AFP), AMNIOTIC FLUID | 82106 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALPHA-FETOPROTEIN (AFP), AMNIOTIC FLUID | 82106 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALPHA-FETOPROTEIN-L3 FRACTION | 82107 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALPHA-FETOPROTEIN-L3 FRACTION | 82107 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ALUMINUM | 82108 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ALUMINUM | 82108 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R AMINO ACIDS, MULTIPLE QUALITATIVE | 82128 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | AMINO ACIDS, MULTIPLE QUALITATIVE | 82128 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R AMINO ACIDS, SINGLE, QUANTITATIVE | 82131 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | AMINO ACIDS, SINGLE, QUANTITATIVE | 82131 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R AMINOLEVULINIC ACID, DELTA (ALA) | 82135 | \$38.95 | \$38.17 | \$38.56 | \$35.95 | \$38.17 |
| Laboratory | Inpatient/Outpatient | AMINOLEVULINIC ACID, DELTA (ALA) | 82135 | \$38.95 | \$38.17 | \$38.56 | \$35.95 | \$38.17 |
| Laboratory | Inpatient/Outpatient | R AMINO ACIDS, 2-5, QUANTITATIVE | 82136 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | AMINO ACIDS, 2-5, QUANTITATIVE | 82136 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R AMINO ACIDS, 6 OR MORE, QUANTITATIVE | 82139 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | AMINO ACIDS, 6 OR MORE, QUANTITATIVE | 82139 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | AMMONIA | 82140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R AMMONIA | 82140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | AMMONIA | 82140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R AMNIOTIC FLUID SCAN | 82143 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | AMNIOTIC FLUID SCAN | 82143 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | AMYLASE | 82150 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R AMYLASE | 82150 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | AMYLASE | 82150 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R ANDROSTENEDIONE | 82157 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANDROSTENEDIONE | 82157 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANGIOTENSIN I - CONVERTING ENZYME (ACE) | 82164 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANGIOTENSIN I - CONVERTING ENZYME (ACE) | 82164 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R APOLIPOPROTEIN, EACH | 82172 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | APOLIPOPROTEIN, EACH | 82172 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ARSENIC | 82175 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ARSENIC | 82175 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ASCORBIC ACID (VITAMIN C), BLOOD | 82180 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ASCORBIC ACID (VITAMIN C), BLOOD | 82180 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R BETA-2 MCROGLOBULIN | 82232 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | BETA-2 MCROGLOBULIN | 82232 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R BILE ACIDS, TOTAL | 82239 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | BILE ACIDS, TOTAL | 82239 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R BILE ACIDS, CHOLYGLYCIN | 82240 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | BILE ACIDS, CHOLYGLYCIN | 82240 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | BILIRUBIN, TOTAL | 82247 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R BILIRUBIN, TOTAL | 82247 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | BILIRUBIN, TOTAL | 82247 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | BILIRUBIN, TOTAL | 82247 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R BILIRUBIN, DIRECT | 82248 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | BILIRUBIN, DIRECT | 82248 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | BILIRUBIN, DIRECT | 82248 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R BIOTINIDASE, EACH SPECIMEN | 82261 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | BIOTINIDASE, EACH SPECIMEN | 82261 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD SCREENING | 82270 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD SCREENING | 82270 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD SCREENING | 82270 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |

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| Laboratory | Inpatient/Outpatient | OCCULT BLOOD, OTHER SOURCES | 82271 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD, OTHER SOURCES | 82271 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD,DIAGNOSTIC | 82272 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD,DIAGNOSTIC | 82272 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | OCCULT BLOOD,DIAGNOSTIC | 82272 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | OCCULT BLD FHG QUAL 1-3 | 82274 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | OCCULT BLD FHG QUAL 42738 | 82274 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CADMIUM | 82300 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CADMIUM | 82300 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | VITAMIN D, 25 HYDROXY | 82306 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R VITAMIN D, 25 HYDROXY | 82306 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | VITAMIN D, 25 HYDROXY | 82306 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CALCITONIN | 82308 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CALCITONIN | 82308 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CALCIUM, TOTAL | 82310 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R CALCIUM, TOTAL | 82310 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CALCIUM, TOTAL | 82310 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CALCIUM, TOTAL | 82310 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CALCIUM, IONIZED | 82330 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CALCIUM, IONIZED | 82330 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CALCIUM, IONIZED | 82330 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CALCIUM, URINE QUANTITATIVE, TIMED SPECMN | 82340 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R CALCIUM, URINE QUANTITATIVE, TIMED SPECMN | 82340 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CALCIUM, URINE QUANTITATIVE, TIMED SPECMN | 82340 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R CALCULUS, INFRARED SPECTROSCOPY | 82365 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CALCULUS, INFRARED SPECTROSCOPY | 82365 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CARBOHYDRATE DEFICIENT TRANSFERRIN | 82373 | \$71.91 | \$70.47 | \$71.19 | \$66.37 | \$70.47 |
| Laboratory | Inpatient/Outpatient | CARBON DIOXIDE (BICARBONATE) | 82374 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CARBON DIOXIDE (BICARBONATE) | 82374 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | ASSAY CARBOXYHB QUANT | 82375 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CARCINOEMBRYONIC ANTIGEN (CEA) | 82378 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CARCINOEMBRYONIC ANTIGEN (CEA) | 82378 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CARNITINE (TOTAL & FREE) QUANTITATIVE EA | 82379 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | CARNITINE (TOTAL & FREE) QUANTITATIVE EA | 82379 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R CAROTENE | 82380 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CAROTENE | 82380 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CATECHOLAMINES, BLOOD | 82383 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CATECHOLAMINES, BLOOD | 82383 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R CATECHOLAMINES, FRACTIONATED | 82384 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | CATECHOLAMINES, FRACTIONATED | 82384 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | R CERULOPLASMIN | 82390 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CERULOPLASMIN | 82390 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CHEMILUMINESCENT ASSAY | 82397 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CHEMILUMINESCENT ASSAY | 82397 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CHLORAMPHENICOL | 82415 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CHLORAMPHENICOL | 82415 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, BLOOD | 82435 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, BLOOD | 82435 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, BLOOD | 82435 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, URINE | 82436 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R CHLORIDE, URINE | 82436 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, URINE | 82436 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, OTHER SOURCE | 82438 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CHLORIDE, OTHER SOURCE | 82438 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CHLORINATED HC SCREEN | 82441 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | CHLORINATED HC SCREEN | 82441 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | CHOLESTEROL, SERUM OR WHL BLD, TOTAL | 82465 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | CHOLESTEROL, SERUM OR WHL BLD, TOTAL | 82465 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R CHOLINESTERASE, SERUM | 82480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CHOLINESTERASE, SERUM | 82480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CHOLINESTERASE, RBC | 82482 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CHOLINESTERASE, RBC | 82482 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CHROMIUM | 82495 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CHROMIUM | 82495 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CITRATE | 82507 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CITRATE | 82507 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R COLLAGEN CROSS LINKS, ANY METHOD | 82523 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | COLLAGEN CROSS LINKS, ANY METHOD | 82523 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |

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| Laboratory | Inpatient/Outpatient | R COPPER | 82525 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | COPPER | 82525 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CORTICOSTERONE | 82528 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CORTICOSTERONE | 82528 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CORTISOL, FREE | 82530 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CORTISOL, FREE | 82530 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CORTISOL, TOTAL | 82533 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CORTISOL, TOTAL | 82533 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CORTISOL, TOTAL | 82533 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CREATINE | 82540 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R CREATINE | 82540 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | CREATINE | 82540 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R COLUMN CHROM/MASS SPECT,QUANT,SNGL PHASE | 82542 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | COLUMN CHROM/MASS SPECT,QUANT,SNGL PHASE | 82542 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CREATINE KINASE, (CK), (CPK), TOTAL | 82550 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | CREATINE KINASE, (CK), (CPK), TOTAL | 82550 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R CREATINE KINASE, (CK), (CPK), ISOENZYMES | 82552 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CREATINE KINASE, (CK), (CPK), ISOENZYMES | 82552 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY | 82553 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY | 82553 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CREATININE, BLOOD | 82565 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CREATININE, BLOOD | 82565 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | POC CREATININE BY NOVA STATSENSOR | 82565 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CREATININE, BLOOD | 82565 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | POC CREATININE BY NOVA STATSENSOR | 82565 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | CREATININE, OTHER SOURCE | 82570 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R CREATININE, OTHER SOURCE | 82570 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CREATININE, OTHER SOURCE | 82570 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CREATININE CLEARANCE | 82575 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | CREATININE CLEARANCE | 82575 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R CRYOFIBRINOGEN | 82585 | \$20.97 | \$20.55 | \$20.76 | \$19.36 | \$20.55 |
| Laboratory | Inpatient/Outpatient | CRYOFIBRINOGEN | 82585 | \$20.97 | \$20.55 | \$20.76 | \$19.36 | \$20.55 |
| Laboratory | Inpatient/Outpatient | CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT | 82595 | \$20.97 | \$20.55 | \$20.76 | \$19.36 | \$20.55 |
| Laboratory | Inpatient/Outpatient | CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT | 82595 | \$20.97 | \$20.55 | \$20.76 | \$19.36 | \$20.55 |
| Laboratory | Inpatient/Outpatient | R CYANIDE | 82600 | \$43.44 | \$42.57 | \$43.01 | \$40.10 | \$42.57 |
| Laboratory | Inpatient/Outpatient | CYANIDE | 82600 | \$43.44 | \$42.57 | \$43.01 | \$40.10 | \$42.57 |
| Laboratory | Inpatient/Outpatient | R CYANOCOBALAMIN (VITAMIN B-12) | 82607 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CYANOCOBALAMIN (VITAMIN B-12) | 82607 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CYANOCOBALAMIN (VIT B-12),BINDING CAPACITY | 82608 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | CYANOCOBALAMIN (VIT B-12),BINDING CAPACITY | 82608 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | CYSTATIN C | 82610 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R DEHYDROEPIANDROSTERONE (DHEA) | 82626 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DEHYDROEPIANDROSTERONE (DHEA) | 82626 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S) | 82627 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S) | 82627 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R DEOXYCORTICOSTERONE | 82633 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DEOXYCORTICOSTERONE | 82633 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R DEOXYCORTISOL, 11- | 82634 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DEOXYCORTISOL, -11 | 82634 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R DIBUCAINE NUMBER | 82638 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DIBUCAINE NUMBER | 82638 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | DIHYDROTESTOSTERONE | 82642 | \$20.97 | \$20.55 | \$20.76 | \$19.36 | \$20.55 |
| Laboratory | Inpatient/Outpatient | R VITAMIN D1, 25 DIHYDROXY | 82652 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VITAMIN D1, 25 DIHYDROXY | 82652 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL | 82656 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL | 82656 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | ENZYME ACTIVITY IN BLOOD CELL/TISSUE | 82657 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ENZYME ACTIVITY BC, NOT RA, EA SPECIMEN | 82657 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ENZYME ACTIVITY IN BLOOD CELL/TISSUE | 82657 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ELECTROPHORESIS NES | 82664 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ELECTROPHORESIS NES | 82664 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ERYTHROPOIETIN | 82668 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ERYTHROPOIETIN | 82668 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ESTRADIOL | 82670 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ESTRADIOL | 82670 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ESTRADIOL; TOTAL | 82670 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ESTROGENS, FRACTIONATED | 82671 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ESTROGENS, FRACTIONATED | 82671 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ESTROGENS, TOTAL | 82672 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ESTROGENS, TOTAL | 82672 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |

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|------------|----------------------|-------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | ESTROGENS, TOTAL | 82672 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ESTRIOL | 82677 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ESTRIOL | 82677 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ESTRONE | 82679 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ESTRONE | 82679 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ETHYLENE GLYCOL | 82693 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ETHYLENE GLYCOL | 82693 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FAT OR LIPIDS, FECES, QUALITATIVE | 82705 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FAT OR LIPIDS, FECES, QUALITATIVE | 82705 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FAT OR LIPIDS, FECES, QUANTITATIVE | 82710 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | FAT OR LIPIDS, FECES, QUANTITATIVE | 82710 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R FATTY ACIDS, NONESTERIFIED | 82725 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | FATTY ACIDS, NONESTERIFIED | 82725 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R VERY LONG CHAIN FATTY ACIDS | 82726 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | VERY LONG CHAIN FATTY ACIDS | 82726 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | FERRITIN | 82728 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FERRITIN | 82728 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FETAL FIBRONECTIN, CERVICOVAG SECRETNS | 82731 | \$262.17 | \$256.93 | \$259.55 | \$241.98 | \$256.93 |
| Laboratory | Inpatient/Outpatient | FETAL FIBRONECTIN, CERVICOVAG SECRETNS | 82731 | \$262.17 | \$256.93 | \$259.55 | \$241.98 | \$256.93 |
| Laboratory | Inpatient/Outpatient | R FLUORIDE | 82735 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FLUORIDE | 82735 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R FOLIC ACID, SERUM | 82746 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FOLIC ACID, SERUM | 82746 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FOLIC ACID, RBC | 82747 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FOLIC ACID, RBC | 82747 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FRUCTOSE, SEMEN | 82757 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | FRUCTOSE, SEMEN | 82757 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS QUANT | 82775 | \$160.30 | \$157.09 | \$158.70 | \$147.96 | \$157.09 |
| Laboratory | Inpatient/Outpatient | GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS QUANT | 82775 | \$160.30 | \$157.09 | \$158.70 | \$147.96 | \$157.09 |
| Laboratory | Inpatient/Outpatient | R GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS SCREEN | 82776 | \$26.97 | \$26.43 | \$26.70 | \$24.89 | \$26.43 |
| Laboratory | Inpatient/Outpatient | GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS SCREEN | 82776 | \$26.97 | \$26.43 | \$26.70 | \$24.89 | \$26.43 |
| Laboratory | Inpatient/Outpatient | R GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH | 82784 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH | 82784 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ASSAY OF IGE | 82785 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ASSAY OF IGE | 82785 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH | 82787 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH | 82787 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | BLOOD GAS MIXED WO O2 SAT | 82803 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | BLOOD GAS MIXED WO O2 SAT | 82803 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN-OXYGEN AFFINITY | 82820 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN-OXYGEN AFFINITY | 82820 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | R GASTRIC ANALY W/PH EA SPEC | 82930 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GASTRIC ANALY W/PH EA SPEC | 82930 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GASTRIN AFTER SECRETIN STIMULATION | 82938 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GASTRIN AFTER SECRETIN STIMULATION | 82938 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GASTRIN | 82941 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GASTRIN | 82941 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GLUCAGON | 82943 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | GLUCAGON | 82943 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | GLUCOSE, BODY FLUID, OTHER THAN BLOOD | 82945 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE, BODY FLUID, OTHER THAN BLOOD | 82945 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE, QUANTITATIVE, BLOOD | 82947 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R GLUCOSE, QUANTITATIVE, BLOOD | 82947 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE, QUANTITATIVE, BLOOD | 82947 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R GLUCOSE, QUANTITATIVE, BLOOD | 82947 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | POC GLUCOSE BY NOVA STATSTRIP | 82948 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | POC GLUCOSE BY REAGENT STRIP | 82948 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE, POST GLUCOSE DOSE | 82950 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS | 82951 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS | 82951 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3) | 82952 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3) | 82952 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) | 82955 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) | 82955 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GLUTAMYLTRANSFERASE, GAMMA (GGT) | 82977 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | GLUTAMYLTRANSFERASE, GAMMA (GGT) | 82977 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | GLUTATHIONE | 82978 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GLUTATHIONE | 82978 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R GLUTATHIONE REDUCTASE, RBC | 82979 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |

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| Laboratory | Inpatient/Outpatient | GLUTATHIONE REDUCTASE, RBC | 82979 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R GLYCATED PROTEIN | 82985 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GLYCATED PROTEIN | 82985 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN, FSH | 83001 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN, FSH | 83001 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN LUTEINIZING HORMONE | 83002 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN LUTEINIZING HORMONE | 83002 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R GROWTH HORMONE, HUMAN | 83003 | \$47.94 | \$46.98 | \$47.46 | \$44.25 | \$46.98 |
| Laboratory | Inpatient/Outpatient | GROWTH HORMONE, HUMAN | 83003 | \$47.94 | \$46.98 | \$47.46 | \$44.25 | \$46.98 |
| Laboratory | Inpatient/Outpatient | R HAPTOGLOBIN, QUANTITATIVE | 83010 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | HAPTOGLOBIN, QUANTITATIVE | 83010 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R HELICOBACTER PYLORI, BREATH TEST | 83013 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | HELICOBACTER PYLORI, BREATH TEST | 83013 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R HEAVY METAL QUANTITATIVE, EACH | 83018 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HEAVY METAL QUANTITATIVE, EACH | 83018 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HEMOGLOBIN FRACT & QUANT CHROMOTOGRAPHY | 83021 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN FRACT & QUANT CHROMOTOGRAPHY | 83021 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN GLYCOSLATED (A1C) | 83036 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R HEMOGLOBIN GLYCOSLATED (A1C) | 83036 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN GLYCOSLATED (A1C) | 83036 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE | 83050 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE | 83050 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R HEMOGLOBIN, PLASMA | 83051 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN, PLASMA | 83051 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R HEMOSIDERIN, QUALITATIVE | 83070 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | HEMOSIDERIN, QUALITATIVE | 83070 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R HEMOSIDERIN B-HEXOSAMINIDASE, EA ASSAY | 83080 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | HEMOSIDERIN B-HEXOSAMINIDASE, EA ASSAY | 83080 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R HISTAMINE | 83088 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | HISTAMINE | 83088 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R HOMOCYSTEINE | 83090 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HOMOCYSTEINE | 83090 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HOMOVANILLIC ACID (HVA) | 83150 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HOMOVANILLIC ACID (HVA) | 83150 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HYDROXYCORTICOSTEROIDS, 17- (17-OHCS) | 83491 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HYDROXYCORTICOSTEROIDS, -17 (17-OHCS) | 83491 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HYDROXYINDOLACETIC ACID, 5-(HIAA) | 83497 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HYDROXYINDOLACETIC ACID, 5-(HIAA) | 83497 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HYDROXYPROGESTERONE, 17-D | 83498 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | HYDROXYPROGESTERONE, 17-D | 83498 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | R HYDROXYPROLINE, FREE | 83500 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | HYDROXYPROLINE, FREE | 83500 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R HYDROXYPROLINE, TOTAL | 83505 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | HYDROXYPROLINE, TOTAL | 83505 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD | 83516 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD | 83516 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD | 83516 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD | 83516 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY) | 83519 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY) | 83519 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$97.38 | \$95.43 | \$96.41 | \$89.88 | \$95.43 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$97.38 | \$95.43 | \$96.41 | \$89.88 | \$95.43 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$157.30 | \$154.15 | \$155.73 | \$145.19 | \$154.15 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY QUANT NOS NONAB | 83520 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY QUANT NOS NONAB | 83520 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | R INSULIN, TOTAL | 83525 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | INSULIN, TOTAL | 83525 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R INSULIN, FREE | 83527 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | INSULIN, FREE | 83527 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | IRON | 83540 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R IRON | 83540 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | IRON | 83540 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |

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| Laboratory | Inpatient/Outpatient | IRON BINDING CAPACITY | 83550 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | IRON BINDING CAPACITY | 83550 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R KETOSTEROIDS, 17- (17-KS), TOTAL | 83586 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | KETOSTEROIDS, -17 (17-KS), TOTAL | 83586 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R KETOSTEROIDS, 17- (17-KS), FRACTIONATION | 83593 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | KETOSTEROIDS, -17 (17-KS), FRACTIONATION | 83593 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | LACTATE (LACTIC ACID) | 83605 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | LACTATE (LACTIC ACID) | 83605 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | LACTATE DEHYDROGENASE (LD), (LDH) | 83615 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | LACTATE DEHYDROGENASE (LD), (LDH) | 83615 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | LACTATE DEHYDROGENASE (LD), (LDH) | 83615 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R LDH, ISOENZYMES | 83625 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LDH, ISOENZYMES | 83625 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R LACTOFERRIN, FECAL, QUALITATIVE | 83630 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LACTOFERRIN, FECAL, QUALITATIVE | 83630 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R LEAD | 83655 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LEAD | 83655 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R FETAL LUNG MATURITY ASSESS, L/S RATION | 83661 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | FETAL LUNG MATURITY ASSESS, L/S RATION | 83661 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R FETAL LUNG - FLUORESC POLARIZ | 83663 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FETAL LUNG - FLUORESC POLARIZ | 83663 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FETAL LUNG - LB DENSITY | 83664 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | FETAL LUNG - LB DENSITY | 83664 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LIPASE | 83690 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R LIPASE | 83690 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | LIPASE | 83690 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN (A) | 83695 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN (A) | 83695 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN-ASSOC PHOSPHOLIPASE A2 | 83698 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN-ASSOC PHOSPHOLIPASE A2 | 83698 | \$142.32 | \$139.47 | \$140.90 | \$131.36 | \$139.47 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN, BLOOD, ELECTROPHORETIC | 83700 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN, BLOOD, ELECTROPHORETIC | 83700 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT | 83701 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT | 83701 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN BLD QUAN PART | 83704 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN BLD QUAN PART | 83704 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL | 83718 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN,DIRECT MEASUR HDL CHOLESTEROL | 83718 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL | 83718 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN,DIRECT MEASUR VLDL CHOLESTEROL | 83719 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN,DIRECT MEASUR VLDL CHOLESTEROL | 83719 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN,DIRECT MEASUR LDL CHOLESTEROL | 83721 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R LIPOPROTEIN,DIRECT MEASUR LDL CHOLESTEROL | 83721 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LIPOPROTEIN,DIRECT MEASUR LDL CHOLESTEROL | 83721 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | LUTEINIZING RELEASING FACTOR | 83727 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | MAGNESIUM | 83735 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R MAGNESIUM | 83735 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | MAGNESIUM | 83735 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | R MANGANESE | 83785 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | MANGANESE | 83785 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R MASS SPECTROMETRY ANALYTE, QUANTITATIVE | 83789 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | MASS SPECTROMETRY ANALYTE, QUANTITATIVE | 83789 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R MERCURY, QUANTITATIVE | 83825 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | MERCURY, QUANTITATIVE | 83825 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R METANEPHRINES | 83835 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | METANEPHRINES | 83835 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R MUCIN, SYNOVIAL FLUID (ROPES TEST) | 83872 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | MUCIN, SYNOVIAL FLUID (ROPES TEST) | 83872 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | R MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID | 83873 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID | 83873 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R MYOGLOBIN | 83874 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | MYOGLOBIN | 83874 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | NATRIURETIC PEPTIDE | 83880 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R NATRIURETIC PEPTIDE | 83880 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | NATRIURETIC PEPTIDE | 83880 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | NEPHELOMETRY EA ANALYTE NES | 83883 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R NEPHELOMETRY EA ANALYTE NES | 83883 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | NEPHELOMETRY EA ANALYTE NES | 83883 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R NEPHELOMETRY EA ANALYTE NES | 83883 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | NEPHELOMETRY EA ANALYTE NES | 83883 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |

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| Laboratory | Inpatient/Outpatient | R NICKEL | 83885 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | NICKEL | 83885 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R NUCLEOTIDASE 5'- | 83915 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | NUCLEOTIDASE 5'- | 83915 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R OLIGOCLONAL IMMUNE | 83916 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | OLIGOCLONAL IMMUNE | 83916 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ORGANIC ACIDS, TOTAL, QUANTITATIVE EA SPEC | 83918 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | ORGANIC ACIDS, TOTAL, QUANTITATIVE EA SPEC | 83918 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | R ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN | 83919 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN | 83919 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ORGANIC ACID, SINGLE, QUANTITATIVE | 83921 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ORGANIC ACID, SINGLE, QUANTITATIVE | 83921 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | OSMOLALITY, BLOOD | 83930 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | OSMOLALITY, BLOOD | 83930 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | OSMOLALITY, URINE | 83935 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | OSMOLALITY, URINE | 83935 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R OSTEOCALCIN (BONE G 1 A PROTEIN) | 83937 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | OSTEOCALCIN (BONE G 1 A PROTEIN) | 83937 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R OXALATE | 83945 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | OXALATE | 83945 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PARATHORMONE (PARATHYROID HORMONE) | 83970 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PARATHORMONE (PARATHYROID HORMONE) | 83970 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PARATHORMONE (PARATHYROID HORMONE) | 83970 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PH BODY FLUID | 83986 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R PH BODY FLUID | 83986 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | PH BODY FLUID | 83986 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R PHENCYCLIDINE (PCP) | 83992 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHENCYCLIDINE (PCP) | 83992 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R CALPROTECTIN FECAL | 83993 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | CALPROTECTIN FECAL | 83993 | \$127.34 | \$124.79 | \$126.07 | \$117.53 | \$124.79 |
| Laboratory | Inpatient/Outpatient | R PHENYLALANINE (PKU) BLOOD | 84030 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R PHOSPHATASE, ACID, TOTAL | 84060 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ACID, TOTAL | 84060 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PHOSPHATASE, ACID, PROSTATIC | 84066 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ACID, PROSTATIC | 84066 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE | 84075 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R PHOSPHATASE, ALKALINE | 84075 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE | 84075 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE | 84075 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE | 84075 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE, HEAT STABLE | 84078 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE, HEAT STABLE | 84078 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R PHOSPHATASE, ALKALINE, ISOENZYMES | 84080 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PHOSPHATASE, ALKALINE, ISOENZYMES | 84080 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PHOSPHATIDYLGLYCEROL | 84081 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | PHOSPHATIDYLGLYCEROL | 84081 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R PHOSPHOHEXOSE ISOMERASE | 84087 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | PHOSPHOHEXOSE ISOMERASE | 84087 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | PHOSPHORUS INORGANIC (PHOSPHATE) | 84100 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R PHOSPHORUS INORGANIC (PHOSPHATE) | 84100 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHORUS INORGANIC (PHOSPHATE) | 84100 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PHOSPHORUS INORGANIC URINE | 84105 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R PHOSPHORUS INORGANIC URINE | 84105 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PHOSPHORUS INORGANIC URINE | 84105 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R PORPHOBILINOGEN, URINE, QUALITATIVE | 84106 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | PORPHOBILINOGEN, URINE, QUALITATIVE | 84106 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R PORPHOBILINOGEN, URINE, QUANTITATIVE | 84110 | \$19.48 | \$19.09 | \$19.29 | \$17.98 | \$19.09 |
| Laboratory | Inpatient/Outpatient | PORPHOBILINOGEN, URINE, QUANTITATIVE | 84110 | \$19.48 | \$19.09 | \$19.29 | \$17.98 | \$19.09 |
| Laboratory | Inpatient/Outpatient | PLACENTAL ALPHA MICROGLOBULIN-1 | 84112 | \$65.92 | \$64.60 | \$65.26 | \$60.84 | \$64.60 |
| Laboratory | Inpatient/Outpatient | PLACENTAL ALPHA MICROGLOBULIN-1 | 84112 | \$65.92 | \$64.60 | \$65.26 | \$60.84 | \$64.60 |
| Laboratory | Inpatient/Outpatient | R PORPHYRINS, URINE QUALITATIVE | 84119 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | PORPHYRINS, URINE QUALITATIVE | 84119 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | R PORPHYRINS, URINE, QUANT & FRACTIONTN | 84120 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | PORPHYRINS, URINE, QUANT & FRACTIONTN | 84120 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | POTASSIUM, SERUM PLASMA OR WHOLE BLOOD | 84132 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | POTASSIUM, SERUM PLASMA OR WHOLE BLOOD | 84132 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | POTASSIUM, SERUM PLASMA OR WHOLE BLOOD | 84132 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | POTASSIUM, URINE | 84133 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R POTASSIUM, URINE | 84133 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |

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|------------|----------------------|-----------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | POTASSIUM, URINE | 84133 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PREALBUMIN | 84134 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PREALBUMIN | 84134 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PREGNANETRIOL | 84138 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PREGNANETRIOL | 84138 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PREGNENOLONE | 84140 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PREGNENOLONE | 84140 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R 17-HYDROXYPREGNENOLONE | 84143 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | 17-HYDROXYPREGNENOLONE | 84143 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PROGESTERONE | 84144 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PROGESTERONE | 84144 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PROCALCITONIN | 84145 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | PROCALCITONIN | 84145 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R PROLACTIN | 84146 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PROLACTIN | 84146 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PROSTAGLANDIN EACH | 84150 | \$58.43 | \$57.26 | \$57.85 | \$53.93 | \$57.26 |
| Laboratory | Inpatient/Outpatient | PROSTAGLANDIN EACH | 84150 | \$58.43 | \$57.26 | \$57.85 | \$53.93 | \$57.26 |
| Laboratory | Inpatient/Outpatient | PSA TOTAL (DIAGNOSTIC) | 84153 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R PSA TOTAL | 84153 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | L PSA TOTAL (SCREENING TEST) | 84153 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PSA TOTAL (DIAGNOSTIC) | 84153 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PSA TOTAL (SCREENING TEST) | 84153 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R PSA FREE | 84154 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PSA FREE | 84154 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD | 84155 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD | 84155 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD | 84155 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R TOTAL PROTEIN | 84155 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD | 84155 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, URINE | 84156 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R RANDOM URINE PROTEIN | 84156 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, URINE | 84156 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, OTHER SOURCE | 84157 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, TOTAL, OTHER SOURCE | 84157 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | PROTEIN, TOTAL, OTHER SOURCE | 84157 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R PREGNANCY-ASSOC PLASMA PROTEIN-A | 84163 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | PREGNANCY-ASSOC PLASMA PROTEIN-A | 84163 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM | 84165 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM | 84165 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, ELECTROPHRTC FRACT&QUANT OTR FLUID | 84166 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ELECTROPHORESIS, URINE | 84166 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PROTEIN, ELECTROPHRTC FRACT&QUANT OTR FLUID | 84166 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID | 84181 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID | 84181 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID | 84181 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R PROTEIN WB, IM ID FOR BANDS, EA | 84182 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R PROTEIN WB, IM ID FOR BANDS, EA | 84182 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | PROTEIN WB, IM ID FOR BANDS, EA | 84182 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R PROTOPORPHYRRIN, RBC QUANTITATIVE | 84202 | \$80.90 | \$79.28 | \$80.09 | \$74.67 | \$79.28 |
| Laboratory | Inpatient/Outpatient | PROTOPORPHYRRIN, RBC QUANTITATIVE | 84202 | \$80.90 | \$79.28 | \$80.09 | \$74.67 | \$79.28 |
| Laboratory | Inpatient/Outpatient | R PROINSULIN | 84206 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | PROINSULIN | 84206 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R PYRIDOXAL PHOSPHATE (VITAMIN B-6) | 84207 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PYRIDOXAL PHOSPHATE (VITAMIN B-6) | 84207 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R PYRUVATE | 84210 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PYRUVATE | 84210 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R PYRUVATE KINASE | 84220 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PYRUVATE KINASE | 84220 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R QUININE | 84228 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | QUININE | 84228 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | R RECEPTOR ASSAY, ENDOCRINE | 84235 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | RECEPTOR ASSAY, ENDOCRINE | 84235 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R RECEPTOR ASSAY, NON-ENDOCRINE | 84238 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | RECEPTOR ASSAY, NON-ENDOCRINE | 84238 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R RENIN | 84244 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | RENIN | 84244 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R RIBOFLAVIN (VITAMIN B-2) | 84252 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | RIBOFLAVIN (VITAMIN B-2) | 84252 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R SELENIUM | 84255 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |

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|------------|----------------------|----------------------------------------------|-------|---------|---------|---------|---------|---------|
| Laboratory | Inpatient/Outpatient | SELENIUM | 84255 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R SEROTONIN | 84260 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | SEROTONIN | 84260 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R SEX HORMONE BINDING GLOBULIN | 84270 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SEX HORMONE BINDING GLOBULIN | 84270 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R SIALIC ACID | 84275 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | SIALIC ACID | 84275 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | SODIUM, SERUM, PLASMA OR WHOLE BLOOD | 84295 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | SODIUM, SERUM, PLASMA OR WHOLE BLOOD | 84295 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | SODIUM, SERUM, PLASMA OR WHOLE BLOOD | 84295 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | SODIUM, URINE | 84300 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SODIUM, URINE | 84300 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SODIUM, URINE | 84300 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SODIUM, OTHER SOURCE | 84302 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SODIUM, OTHER SOURCE | 84302 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SOMATOMEDIN | 84305 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SOMATOMEDIN | 84305 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R SOMATOSTATIN | 84307 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SOMATOSTATIN | 84307 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R SPECTROPHOTOMETRY ANALYTE NES | 84311 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SPECTROPHOTOMETRY ANALYTE NES | 84311 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SPECIFIC GRAVITY (EXCEPT URINE) | 84315 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | SPECIFIC GRAVITY (EXCEPT URINE) | 84315 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R SUGARS SINGLE QUALITATIVE, EA SPECIMEN | 84376 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | SUGARS SINGLE QUALITATIVE, EA SPECIMEN | 84376 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN | 84378 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN | 84378 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R SULFATE, URINE | 84392 | \$62.92 | \$61.66 | \$62.29 | \$58.08 | \$61.66 |
| Laboratory | Inpatient/Outpatient | SULFATE, URINE | 84392 | \$62.92 | \$61.66 | \$62.29 | \$58.08 | \$61.66 |
| Laboratory | Inpatient/Outpatient | R TESTOSTERONE, FREE | 84402 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TESTOSTERONE, FREE | 84402 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TESTOSTERONE, TOTAL | 84403 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TESTOSTERONE, TOTAL | 84403 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THIAMINE (VITAMIN B-1) | 84425 | \$73.41 | \$71.94 | \$72.68 | \$67.76 | \$71.94 |
| Laboratory | Inpatient/Outpatient | THIAMINE (VITAMIN B-1) | 84425 | \$73.41 | \$71.94 | \$72.68 | \$67.76 | \$71.94 |
| Laboratory | Inpatient/Outpatient | R THIOCYANATE | 84430 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THIOCYANATE | 84430 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THYROGLOBULIN | 84432 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | THYROGLOBULIN | 84432 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R THYROXINE, TOTAL | 84436 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THYROXINE, TOTAL | 84436 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THYROXINE, FREE | 84439 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THYROXINE, FREE | 84439 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THYROXINE BINDING GLOBULIN | 84442 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THYROXINE BINDING GLOBULIN | 84442 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THYROID STIMULATING HORMONE (TSH) | 84443 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THYROID STIMULATING HORMONE (TSH) | 84443 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R THYROID STIMULATING IMMUNE GLOBULINS (TSI) | 84445 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | THYROID STIMULATING IMMUNE GLOBULINS (TSI) | 84445 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R TOCOPHEROL ALPHA (VITAMIN E) | 84446 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | TOCOPHEROL ALPHA (VITAMIN E) | 84446 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) | 84450 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) | 84450 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) | 84450 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ALANINE AMINO (ALT) (SGPT) | 84460 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ALANINE AMINO (ALT) (SGPT) | 84460 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R TRANSFERASE, ALANINE AMINO (ALT) (SGPT) | 84460 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRANSFERASE, ALANINE AMINO (ALT) (SGPT) | 84460 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R TRANSFERRIN | 84466 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRANSFERRIN | 84466 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TRIGLYCERIDES | 84478 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | TRIGLYCERIDES | 84478 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | R THYROID HORMONE (T3 OR T4) UPTAKE OR THBR | 84479 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | THYROID HORMONE (T3 OR T4) UPTAKE OR THBR | 84479 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TRIIODOTHYRONINE T3, TOTAL (TT-3) | 84480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRIIODOTHYRONINE T3, TOTAL (TT-3) | 84480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TRIIODOTHYRONINE T3, TOTAL (TT-3) | 84480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRIIODOTHYRONINE T3, TOTAL (TT-3) | 84480 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |

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|------------|----------------------|----------------------------------------------|-------|------------|------------|------------|------------|------------|
| Laboratory | Inpatient/Outpatient | TRIIODOTHYRONINE T3, FREE | 84481 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TRIIODOTHYRONINE T3, FREE | 84481 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRIIODOTHYRONINE T3, FREE | 84481 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TRIIODOTHYRONINE T3, REVERSE | 84482 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TRIIODOTHYRONINE T3, REVERSE | 84482 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | TROPONIN, QUANTITATIVE | 84484 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R TROPONIN, QUANTITATIVE | 84484 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | TROPONIN, QUANTITATIVE | 84484 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R TRYPSIN, DUODENAL FLUID | 84485 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | TRYPSIN, DUODENAL FLUID | 84485 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R TRYPSIN, FECES, QUALITATIVE | 84488 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | TRYPSIN, FECES, QUALITATIVE | 84488 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | UREA NITROGEN, QUANTITATIVE | 84520 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | UREA NITROGEN, QUANTITATIVE | 84520 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | UREA NITROGEN, URINE | 84540 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | UREA NITROGEN, URINE | 84540 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | URIC ACID, BLOOD | 84550 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | URIC ACID, BLOOD | 84550 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | URIC ACID, BLOOD | 84550 | \$3.00 | \$2.94 | \$2.97 | \$2.77 | \$2.94 |
| Laboratory | Inpatient/Outpatient | URIC ACID, OTHER SOURCE | 84560 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R URIC ACID, OTHER SOURCE | 84560 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | URIC ACID, OTHER SOURCE | 84560 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R UROBILINOGEN, URINE, QUANT TIMED SPECIMEN | 84580 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | UROBILINOGEN, URINE, QUANT TIMED SPECIMEN | 84580 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | R VANILLYLMANDelic ACID (VMA), URINE | 84585 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | VANILLYLMANDelic ACID (VMA), URINE | 84585 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R VASOACTIVE INTERSTINAL PEPTIDE (VIP) | 84586 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VASOACTIVE INTERSTINAL PEPTIDE (VIP) | 84586 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R VASOPRESSIN (ANTIDIURETIC HORMONE, ADH) | 84588 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VASOPRESSIN (ANTIDIURETIC HORMONE, ADH) | 84588 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R VITAMIN A | 84590 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | VITAMIN A | 84590 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R VITAMIN B-7 | 84591 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R NIACIN | 84591 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | VITAMIN NOS | 84591 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R VITAMIN K | 84597 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VITAMIN K | 84597 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R VOLATILES | 84600 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | VOLATILES | 84600 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R XYLOSE ABSORPTION TEST,BLD &/OR URINE | 84620 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | XYLOSE ABSORPTION TEST,BLD &/OR URINE | 84620 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R ZINC | 84630 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ZINC | 84630 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R C-PEPTIDE | 84681 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | C-PEPTIDE | 84681 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE | 84702 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE | 84702 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE | 84702 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | GONADOTROPIN, CHORIONIC (HCG) QUALITATIVE | 84703 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R OSMOLALITY - FECES | 84999 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R OVA1 | 84999 | \$816.46 | \$800.13 | \$808.30 | \$753.59 | \$800.13 |
| Laboratory | Inpatient/Outpatient | PREPAID LAB DRAW PT SELF PAY | 84999 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | PREPAID BLOOD PROCESS SELF PAY | 84999 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R UNLISTED CHEMISTRY TEST | 84999 | \$4,973.68 | \$4,874.21 | \$4,923.94 | \$4,590.71 | \$4,874.21 |
| Laboratory | Inpatient/Outpatient | MYRIAD CLIENT BLOOD DRAW | 84999 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | OSMOLALITY - FECES | 84999 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PREPAID LAB DRAW PT SELF PAY | 84999 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | PREPAID BLOOD PROCESS SELF PAY | 84999 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | BLEEDING TIME | 85002 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | BLEEDING TIME | 85002 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | BLEEDING TIME | 85002 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | WBC COUNT W AUTO DIFF | 85004 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | WBC COUNT W AUTO DIFF | 85004 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | BLOOD COUNT, SPUN MICROHEMATOCRIT | 85013 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | BLOOD COUNT, SPUN MICROHEMATOCRIT | 85013 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | HEMATOCRIT (HCT) | 85014 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | HEMATOCRIT (HCT) | 85014 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |

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|------------|----------------------|------------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | R BLOOD COUNT, HEMATOCRIT (HCT) | 85014 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | HEMATOCRIT (HCT) | 85014 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN (HGB) | 85018 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN (HGB) | 85018 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R BLOOD COUNT, HEMOGLOBIN (HGB) | 85018 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | HEMOGLOBIN (HGB) | 85018 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | CBC W/DIFF & PLATELET | 85025 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | COMPL CBC W PLT W AUTOM DIFF | 85025 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CBC W/DIFF & PLATELET | 85025 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CBC W/PLATELET, W/OUT DIFF | 85027 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | COMPL AUTOM CBC W PLT | 85027 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | CBC W/PLATELET, W/OUT DIFF | 85027 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | MANUAL CELL COUNT, EACH | 85032 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | MANUAL CELL COUNT, EACH | 85032 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | RED BLOOD CELL, AUTOMATED | 85041 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R BLOOD COUNT, RED BLOOD CELL (RBC), AUTOMATED | 85041 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | RED BLOOD CELL, AUTOMATED | 85041 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | RETICULOCYTE COUNT, MANUAL | 85044 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | RETICULOCYTE COUNT, MANUAL | 85044 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | RETICULOCYTE COUNT, AUTOMATED | 85045 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | AUTOMATED RETICULOCYTE COUNT | 85045 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | RETICULOCYTE COUNT, AUTOMATED | 85045 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE (WBC) AUTOMATED | 85048 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE (WBC) AUTOMATED | 85048 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | PLATELET COUNT AUTOMATED | 85049 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | PLATELET COUNT AUTOMATED | 85049 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | PLATELET COUNT AUTOMATED | 85049 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR II, PROTHROMBIN SPECIFIC | 85210 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR II, PROTHROMBIN SPECIFIC | 85210 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR V, LABILE FACTOR | 85220 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR V, LABILE FACTOR | 85220 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VII | 85230 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VII | 85230 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VIII, 1-STAGE | 85240 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VIII, 1-STAGE | 85240 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VIII RELATED ANTIGEN | 85244 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VIII RELATED ANTIGEN | 85244 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR | 85245 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR | 85245 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VIII, VW FACTOR ANTIGEN | 85246 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VIII, VW FACTOR ANTIGEN | 85246 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR VIII, VWF MULTIMRIC | 85247 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR VIII, VWF MULTIMRIC | 85247 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR IX (PTC OR CHRISTMAS) | 85250 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR IX (PTC OR CHRISTMAS) | 85250 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR X (STUART-PROWER) | 85260 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR X (STUART-PROWER) | 85260 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR XI (PTA) | 85270 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR XI (PTA) | 85270 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR XII (HAGEMAN) | 85280 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR XII (HAGEMAN) | 85280 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FACTOR XIII (FIBRIN STABILIZING) | 85290 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING FACTOR XIII (FIBRIN STABILIZING) | 85290 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R ANTITHROMBIN III ACTIVITY ASSAY | 85300 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | ANTITHROMBIN III ACTIVITY ASSAY | 85300 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | R ANTITHROMBIN III ANTIGEN ASSAY | 85301 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | ANTITHROMBIN III ANTIGEN ASSAY | 85301 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | R CLOTTING INHIBITOR, PROTEIN C AG | 85302 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING INHIBITOR, PROTEIN C AG | 85302 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING INHIBITOR, PROTEIN C ACTIVITY | 85303 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING INHIBITOR, PROTEIN C ACTIVITY | 85303 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING INHIBITOR, PROTEIN S TOTAL | 85305 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING INHIBITOR, PROTEIN S TOTAL | 85305 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING INHIBITOR PROTEIN S FREE | 85306 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | CLOTTING INHIBITOR PROTEIN S FREE | 85306 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | ACTIVATED PROTEIN C RESISTANCE | 85307 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | ACTIVATED PROTEIN C RESISTANCE | 85307 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R FACTOR INHIBITOR TEST | 85335 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R FACTOR INHIBITOR TEST | 85335 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |

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| Laboratory | Inpatient/Outpatient | FACTOR INHIBITOR TEST | 85335 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | COAG TIME, ACTIVATED | 85347 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | COAG TIME, ACTIVATED | 85347 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R EUGLOBULIN LYSIS | 85360 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | EUGLOBULIN LYSIS | 85360 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | FIBRIN(OGEN) DEGRADATION (SPLIT) PROD | 85362 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FIBRIN(OGEN) DEGRADATION (SPLIT) PROD | 85362 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FIBRIN DEGRADATION PROD,D-DIMER, QUANT | 85379 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FIBRIN DEGRADATION PROD,D-DIMER, QUANT | 85379 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FIBRINOGEN ACTIVITY | 85384 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | FIBRINOGEN ACTIVITY | 85384 | \$13.48 | \$13.21 | \$13.35 | \$12.44 | \$13.21 |
| Laboratory | Inpatient/Outpatient | FIBRINOLYSINS OR COAG SCREEN | 85390 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CLOTTING ASSAY WHOLE BLOOD | 85396 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CLOTTING FUNCT ACTIVITY | 85397 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | CLOTTING FUNCT ACTIVITY | 85397 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | R FIBRINOLYTIC FACTORS ALPHA-2-ANTIPLASMIN | 85410 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | FIBRINOLYTIC FACTORS ALPHA-2-ANTIPLASMIN | 85410 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R FIBRINOLYTIC FACTORS PLASMINOGEN ACTIVATOR | 85415 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | FIBRINOLYTIC FACTORS PLASMINOGEN ACTIVATOR | 85415 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R FIBRINOLYTIC FACTORS FUNCTIONAL PLASMINOGEN | 85420 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | FIBRINOLYTIC FACTORS FUNCTIONAL PLASMINOGEN | 85420 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | R HEINZ BODIES, DIRECT | 85441 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | HEINZ BODIES, DIRECT | 85441 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | K-B STAIN FOR FETAL HGB | 85460 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | R K-B STAIN FOR FETAL HGB | 85460 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | K-B STAIN FOR FETAL HGB | 85460 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | FETAL HGB SCREENING TEST ROSETTE | 85461 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R HEMOLYSIN ACID | 85475 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | HEMOLYSIN ACID | 85475 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R HEPARIN ASSAY | 85520 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | HEPARIN, ASSAY | 85520 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | HEPARIN ASSAY | 85520 | \$34.46 | \$33.77 | \$34.12 | \$31.81 | \$33.77 |
| Laboratory | Inpatient/Outpatient | HEPARIN-PROTAMINE TOLERANCE TEST | 85530 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R LEUKOCYTE ALK PHOS W COUNT | 85540 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE ALK PHOS W COUNT | 85540 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R MURAMIDASE | 85549 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | MURAMIDASE | 85549 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R OSMOTIC FRAGILITY, RBC, INCUBATED | 85557 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | OSMOTIC FRAGILITY, RBC, INCUBATED | 85557 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | R PHOSPHOLIPID NEUTRALIZATION PLATELET | 85597 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PHOSPHOLIPID NEUTRALIZATION PLATELET | 85597 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R HEXAGNAL PHOSPH PLTLT NEUTRL | 85598 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | HEXAGNAL PHOSPH PLTLT NEUTRL | 85598 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PROTHROMBIN TIME | 85610 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R PROTHROMBIN TIME | 85610 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | PROTHROMBIN TIME | 85610 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R PT, SUBSTITUTION PLASMA FRACTIONS EA | 85611 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | PT, SUBSTITUTION PLASMA FRACTIONS EA | 85611 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R RUSSELL VIPER VENOM TIME, UNDILUTED | 85612 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | RUSSELL VIPER VENOM TIME, UNDILUTED | 85612 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R RUSSELL VIPER VENOM TIME, DILUTED | 85613 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | RUSSELL VIPER VENOM TIME, DILUTED | 85613 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R REPTILASE TEST | 85635 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | REPTILASE TEST | 85635 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SEDIMENTATION RATE,ERYTHROCYTE, AUTOMATED | 85652 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | SEDIMENTATION RATE,ERYTHROCYTE, AUTOMATED | 85652 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | SICKLING OF RBC, REDUCTION | 85660 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SICKLING OF RBC, REDUCTION | 85660 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | THROMBIN TIME, PLASMA | 85670 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R THROMBIN TIME, PLASMA | 85670 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | THROMBIN TIME, PLASMA | 85670 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | THROMPLASTIN TIME,PARTIAL (PTT) | 85730 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R THROMPLASTIN TIME,PARTIAL (PTT) | 85730 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | THROMPLASTIN TIME,PARTIAL (PTT) | 85730 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R PTT, SUBSTITUTION PLASMA FRACTIONS EA | 85732 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | PTT, SUBSTITUTION PLASMA FRACTIONS EA | 85732 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R VISCOSITY | 85810 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VISCOSITY | 85810 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R AGGLUTININS, FEBRILE, EACH ANTIGEN | 86000 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |

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| Laboratory | Inpatient/Outpatient | AGGLUTININS, FEBRILE, EACH ANTIGEN | 86000 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ALLERGEN SPECIFIC IGG EACH ALLERGEN | 86001 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ALLERGEN SPECIFIC IGG EACH ALLERGEN | 86001 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R ALLERG SP IGE, QUAN OR SEMIQUAN | 86003 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALLERGEN SPECIFIC IGE EACH ALLERGEN | 86003 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ALLG SPEC IGE RECOMB EA | 86008 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | ALLG SPEC IGE RECOMB EA | 86008 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY INDENT, LEUKOCYTE ANTIBODY | 86021 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ANTIBODY INDENT, LEUKOCYTE ANTIBODY | 86021 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY INDENT, PLATELET ANTIBODY | 86022 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R AB ID, PLATELET AB | 86022 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | AB ID; PLATELET AB | 86022 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | ANTINUCLEAR ANTIBODIES (ANA) | 86038 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTINUCLEAR ANTIBODIES (ANA) | 86038 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTINUCLEAR ANTIBODIES (ANA) | 86038 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTINUCLEAR ANTIBODIES (ANA) TITER | 86039 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | ANTINUCLEAR ANTIBODIES (ANA) TITER | 86039 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | R ANTISTREPTOLYSIN O, TITER | 86060 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTISTREPTOLYSIN O, TITER | 86060 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | C-REACTIVE PROTEIN | 86140 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R C-REACTIVE PROTEIN | 86140 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | C-REACTIVE PROTEIN | 86140 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | C-REACTIVE PROTEIN HIGH SENSITIVITY | 86141 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | R C-REACTIVE PROTEIN HIGH SENSITIVITY | 86141 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | C-REACTIVE PROTEIN HIGH SENSITIVITY | 86141 | \$23.97 | \$23.49 | \$23.73 | \$22.12 | \$23.49 |
| Laboratory | Inpatient/Outpatient | R BETA 2 GLYCOPROTEIN I AB EA | 86146 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R BETA 2 GLYCOPROTEIN I AB EA | 86146 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | BETA 2 GLYCOPROTEIN I AB EA | 86146 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CARDIOLIPIN AB EA IG CLASS | 86147 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CARDIOLIPIN AB EA IG CLASS | 86147 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CARDIOLIPIN AB EA IG CLASS | 86147 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTI-PHOSPHATIDYLSERINE AB | 86148 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTI-PHOSPHATIDYLSERINE AB | 86148 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R COLD AGGLUTININ, TITER | 86157 | \$38.95 | \$38.17 | \$38.56 | \$35.95 | \$38.17 |
| Laboratory | Inpatient/Outpatient | COLD AGGLUTININ, TITER | 86157 | \$38.95 | \$38.17 | \$38.56 | \$35.95 | \$38.17 |
| Laboratory | Inpatient/Outpatient | R COMPLEMENT, ANTIGEN EACH COMPONENT | 86160 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | COMPLEMENT, ANTIGEN EACH COMPONENT | 86160 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP | 86161 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP | 86161 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R COMPLEMENT, TOTAL HEMOLYTIC (CH50) | 86162 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | COMPLEMENT, TOTAL HEMOLYTIC (CH50) | 86162 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY | 86200 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY | 86200 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R DEOXYRIBONUCLEASE, ANTIBODY | 86215 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | DEOXYRIBONUCLEASE, ANTIBODY | 86215 | \$31.46 | \$30.83 | \$31.15 | \$29.04 | \$30.83 |
| Laboratory | Inpatient/Outpatient | R DEOXYRIBONUCLEIC ACID (DNA) ANTBODY DBL STRAND | 86225 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | DEOXYRIBONUCLEIC ACID (DNA) ANTBODY DBL STRAND | 86225 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | R DEOXYRIBONUCLEIC ACID (DNA) ANTBODY SINGL STRAND | 86226 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | DEOXYRIBONUCLEIC ACID (DNA) ANTBODY SINGL STRAND | 86226 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | R EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD | 86235 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | R EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD | 86235 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD | 86235 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | R FLUORESCENT AB, SCRIN EA AB | 86255 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FLUORESCENT AB, SCRIN EA AB | 86255 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | FLUORESCENT AB, SCRIN EA AB | 86255 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R FLUORESCENT AB, TITER EA AB | 86256 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | FLUORESCENT AB, TITER EA AB | 86256 | \$41.95 | \$41.11 | \$41.53 | \$38.72 | \$41.11 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-3 | 86300 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-3 (27.29) | 86300 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-9 | 86301 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-9 | 86301 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 125 | 86304 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY TUMOR ANTIGN,QUANT CA 125 | 86304 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | HUMAN EPIDIDYMS PROTEIN 4 | 86305 | \$202.24 | \$198.20 | \$200.22 | \$186.67 | \$198.20 |
| Laboratory | Inpatient/Outpatient | HUMAN EPIDIDYMS PROTEIN 4 | 86305 | \$202.24 | \$198.20 | \$200.22 | \$186.67 | \$198.20 |
| Laboratory | Inpatient/Outpatient | R HETEROPHILE ANTIBODIES, SCREENING | 86308 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | HETEROPHILE ANTIBODIES, SCREENING | 86308 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R HETEROPHILE ANTIBODIES, TITERS ABTR ABSORP | 86310 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | HETEROPHILE ANTIBODIES, TITERS ABTR ABSORP | 86310 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN | 86316 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |

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|------------|----------------------|------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN | 86316 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R IMMUNOASSAY INFECT AGENT ANTBODY,QUANT | 86317 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IMMUNOASSAY INFECT AGENT ANTBODY,QUANT | 86317 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R IMMUNOELECTPHRS OTHER FLUIDS | 86325 | \$58.43 | \$57.26 | \$57.85 | \$53.93 | \$57.26 |
| Laboratory | Inpatient/Outpatient | IMMUNOELECTPHRS OTHER FLUIDS | 86325 | \$58.43 | \$57.26 | \$57.85 | \$53.93 | \$57.26 |
| Laboratory | Inpatient/Outpatient | R IMMUNODIFFUSION, GEL DIFFUSION,QUAL | 86331 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | IMMUNODIFFUSION, GEL DIFFUSION,QUAL | 86331 | \$28.46 | \$27.89 | \$28.18 | \$26.27 | \$27.89 |
| Laboratory | Inpatient/Outpatient | R IMMUNE COMPLEX ASSAY | 86332 | \$53.93 | \$52.85 | \$53.39 | \$49.78 | \$52.85 |
| Laboratory | Inpatient/Outpatient | IMMUNE COMPLEX ASSAY | 86332 | \$53.93 | \$52.85 | \$53.39 | \$49.78 | \$52.85 |
| Laboratory | Inpatient/Outpatient | R IMMUNOFIXATION ELECTROPHRS SERUM | 86334 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | IMMUNOFIXATION ELECTROPHRS SERUM | 86334 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION | 86335 | \$65.92 | \$64.60 | \$65.26 | \$60.84 | \$64.60 |
| Laboratory | Inpatient/Outpatient | R IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION | 86335 | \$65.92 | \$64.60 | \$65.26 | \$60.84 | \$64.60 |
| Laboratory | Inpatient/Outpatient | IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION | 86335 | \$65.92 | \$64.60 | \$65.26 | \$60.84 | \$64.60 |
| Laboratory | Inpatient/Outpatient | R INHIBIN A | 86336 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | INHIBIN A | 86336 | \$35.95 | \$35.23 | \$35.59 | \$33.18 | \$35.23 |
| Laboratory | Inpatient/Outpatient | R INSULIN ANTIBODIES | 86337 | \$55.43 | \$54.32 | \$54.88 | \$51.16 | \$54.32 |
| Laboratory | Inpatient/Outpatient | INSULIN ANTIBODIES | 86337 | \$55.43 | \$54.32 | \$54.88 | \$51.16 | \$54.32 |
| Laboratory | Inpatient/Outpatient | R INTRINSIC FACTOR ANTIBODIES | 86340 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | INTRINSIC FACTOR ANTIBODIES | 86340 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | R ISLET CELL ANTIBODY | 86341 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R TITER ISLET CELL ANTIBODY | 86341 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ISLET CELL ANTIBODY | 86341 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R LEUKOCYTE HISTAMINE RELEASE TEST | 86343 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE HISTAMINE RELEASE TEST | 86343 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R B CELLS TOTAL COUNT | 86355 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | B CELLS TOTAL COUNT | 86355 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R MONONUCLEAR CELL ANTIGEN QUANT EA | 86356 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | MONONUCLEAR CELL ANTIGEN QUANT EA | 86356 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R NATURAL KILLER (NK) CELLS, TOTAL COUNT | 86357 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | NATURAL KILLER (NK) CELLS, TOTAL COUNT | 86357 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R T CELLS, TOTAL COUNT | 86359 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | T CELLS, TOTAL COUNT | 86359 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO | 86360 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO | 86360 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R T CELLS, ABSOL CD4 COUNT | 86361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | T CELLS, ABSOL CD4 COUNT | 86361 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R MICROSOMAL ANIBODIES, EACH | 86376 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | MICROSOMAL ANIBODIES, EACH | 86376 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | R NEUTRALIZATION TEST, VIRAL | 86382 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | NEUTRALIZATION TEST, VIRAL | 86382 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R NITROBLUE TETRAZOLIUM DYE TEST | 86384 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | NITROBLUE TETRAZOLIUM DYE TEST | 86384 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PARTICLE AGGLUTINATION, SCREEN EA ANTBODY | 86403 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R PARTICLE AGGLUTINATION, SCREEN EA ANTBODY | 86403 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | PARTICLE AGGLUTINATION, TITER EA AB | 86406 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R PA, TITER EA AB | 86406 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PARTICLE AGGLUTINATION, TITER EA AB | 86406 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | QUAL RHEUM FACTOR | 86430 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R RHEUMATOID FACTOR, QUANTITATIVE | 86431 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | RHEUMATOID FACTOR, QUANTITATIVE | 86431 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R TB TEST GAMMA INTERFERON | 86480 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | TB TEST GAMMA INTERFERON | 86480 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | SYPHILIS TEST NON-TREP QUAL | 86592 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R SYPHILIS TEST,NONTREPNML ANTBODY QUAL | 86592 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | SYPHILIS TEST NON-TREP QUAL | 86592 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | R SYPHILIS TEST,NONTREPNML ANTBODY QUANT | 86593 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SYPHILIS TEST,NONTREPNML ANTBODY QUANT | 86593 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ADENOVIRUS | 86603 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ADENOVIRUS | 86603 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ASPERGILUS | 86606 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ASPERGILUS | 86606 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, BACTERIUM NES | 86609 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, BACTERIUM NES | 86609 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R BARTONELLA ANTIBODY | 86611 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | BARTONELLA ANTIBODY | 86611 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, BLASTOMYCES | 86612 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |

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|------------|----------------------|-----------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | ANTIBODY, BLASTOMYCES | 86612 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, BORDETELLA | 86615 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, BORDETELLA | 86615 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, BORDETELLA | 86615 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R AB, LYME'S (WB) CONFIRM | 86617 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | AB, LYME'S (WB) CONFIRM | 86617 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | AB, LYME'S DISEASE | 86618 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R AB, LYME'S DISEASE | 86618 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | AB, LYME'S DISEASE | 86618 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, BRUCELLA | 86622 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, BRUCELLA | 86622 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY CAMPYLOBACTER | 86625 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CANDIDA | 86628 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CANDIDA | 86628 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CHLAMYDIA | 86631 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CHLAMYDIA | 86631 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CHLAMYDIA | 86631 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CHLAMYDIA IGM | 86632 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CHLAMYDIA IGM | 86632 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CHLAMYDIA IGM | 86632 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, COCCIDIIOIDES | 86635 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, COCCIDIIOIDES | 86635 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, COXIELLA BURNETII (Q FEVER) | 86638 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, COXIELLA BURNETII (Q FEVER) | 86638 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CYTOMEGALOVIRUS (CMV) | 86644 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CYTOMEGALOVIRUS (CMV) | 86644 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CYTOMEGALOVIRUS (CMV) | 86644 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM | 86645 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM | 86645 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, DIPHTHERIA | 86648 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, DIPHTHERIA | 86648 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ENCEPHALITIS, CALIFORNIA | 86651 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ENCEPHALITIS, CALIFORNIA | 86651 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ENCEPHALITIS, EASTERN EQUINE | 86652 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ENCEPHALITIS, EASTERN EQUINE | 86652 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ENCEPHALITIS, ST. LOUIS | 86653 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ENCEPHALITIS, ST. LOUIS | 86653 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ENTEROVIRUS | 86658 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, ENTEROVIRUS | 86658 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, ENTEROVIRUS | 86658 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN | 86663 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN | 86663 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EPSTEIN-BARR VIRUS, EBNA | 86664 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, EPSTEIN-BARR VIRUS, EBNA | 86664 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EPSTEIN-BARR VIRUS,VIRAL CAPSID | 86665 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EPSTEIN-BARR VIRUS,VIRAL CAPSID | 86665 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, EPSTEIN-BARR VIRUS,VIRAL CAPSID | 86665 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EHRlichia | 86666 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, EHRlichia | 86666 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, EHRlichia | 86666 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, FUNGUS NES | 86671 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, FUNGUS NES | 86671 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, GIARDIA LAMBLIA | 86674 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, GIARDIA LAMBLIA | 86674 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HELICOBACTER PYLORI | 86677 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HELICOBACTER PYLORI | 86677 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HELMINTH NES | 86682 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HELMINTH NES | 86682 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HELMINTH NES | 86682 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HELMINTH NES | 86682 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HAEMOPHILUS INFLUENZA | 86684 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HAEMOPHILUS INFLUENZA | 86684 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HTLV-I | 86687 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HTLV-I | 86687 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HTLV-II | 86688 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HTLV-II | 86688 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST | 86689 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST | 86689 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS, DELTA AGENT | 86692 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |

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|------------|----------------------|------------------------------------------|-------|---------|---------|---------|---------|---------|
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS, DELTA AGENT | 86692 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HERPES SIMPLEX | 86694 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HERPES SIMPLEX | 86694 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HERPES SIMPLEX, TYPE 1 | 86695 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HERPES SIMPLEX, TYPE 1 | 86695 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HERPES SIMPLEX, TYPE 1 | 86695 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HERPES SIMPLEX, TYPE 2 | 86696 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HERPES SIMPLEX, TYPE 2 | 86696 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HERPES SIMPLEX, TYPE 2 | 86696 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HISTOPLASMA | 86698 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HISTOPLASMA | 86698 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HIV-1 | 86701 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HIV-1 | 86701 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HIV-2 | 86702 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HIV-2 | 86702 | \$49.44 | \$48.45 | \$48.95 | \$45.63 | \$48.45 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT | 86703 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT | 86703 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT | 86703 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT | 86703 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS B CORE, TOTAL | 86704 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS B CORE, TOTAL | 86704 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS B CORE, TOTAL | 86704 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS B CORE, IGM | 86705 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS B CORE, IGM | 86705 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS B SURFACE | 86706 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS B SURFACE | 86706 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS B SURFACE | 86706 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS BE ANTIBODY | 86707 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS BE ANTIBODY | 86707 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS A, TOTAL | 86708 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS A, TOTAL | 86708 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS A, TOTAL | 86708 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS A, IGM ANTIBODY | 86709 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, HEPATITIS A, IGM ANTIBODY | 86709 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, HEPATITIS A, IGM ANTIBODY | 86709 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, INFLUENZA VIRUS | 86710 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, INFLUENZA VIRUS | 86710 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, JC VIRUS | 86711 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, JC VIRUS | 86711 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, LEGIONELLA | 86713 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, LEGIONELLA | 86713 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, LEISHMANIA | 86717 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, LEISHMANIA | 86717 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, LEPTOSPIRA | 86720 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, LEPTOSPIRA | 86720 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, LISTERIA MONOCYTOGENES | 86723 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, LISTERIA MONOCYTOGENES | 86723 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, LYMPHOCYTIC CHORIOMENINGITIS | 86727 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, LYMPHOCYTIC CHORIOMENINGITIS | 86727 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, MUMPS | 86735 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, MUMPS | 86735 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, MUMPS | 86735 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, MYCOPLASMA | 86738 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, MYCOPLASMA | 86738 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, PARVOVIRUS | 86747 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, PARVOVIRUS | 86747 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, PROTOZOA, NOT OTHRWS SPEC | 86753 | \$70.41 | \$69.00 | \$69.71 | \$64.99 | \$69.00 |
| Laboratory | Inpatient/Outpatient | R AB, PROTOZOA NES | 86753 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | AB, PROTOZOA NES | 86753 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, RESPIRATORY SYNCYTIAL VIRUS | 86756 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, RESPIRATORY SYNCYTIAL VIRUS | 86756 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, RICKETTSIA | 86757 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, RICKETTSIA | 86757 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, RUBELLA | 86762 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, RUBELLA | 86762 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, RUBELLA | 86762 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, RUBELLA | 86762 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, RUBEOLA | 86765 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, RUBEOLA | 86765 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, SALMONELLA | 86768 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, SALMONELLA | 86768 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |

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|------------|----------------------|-------------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | ANTIBODY, SALMONELLA | 86768 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | SARS-COV-2 COVID-19 ANTIBODY | 86769 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TETANUS | 86774 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, TETANUS | 86774 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TOXOPLASMA | 86777 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, TOXOPLASMA | 86777 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TOXOPLASMA, IGM | 86778 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, TOXOPLASMA, IGM | 86778 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TREPONEMA PALLIDUM | 86780 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TREPONEMA PALLIDUM | 86780 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, TREPONEMA PALLIDUM | 86780 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, TRICHINELLA | 86784 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, TRICHINELLA | 86784 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, VARICELLA-ZOSTER | 86787 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, VARICELLA-ZOSTER | 86787 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, WEST NILE VIRUS, IGM | 86788 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, WEST NILE VIRUS, IGM | 86788 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, WEST NILE VIRUS | 86789 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, WEST NILE VIRUS | 86789 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED | 86790 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED | 86790 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED | 86790 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED | 86790 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED | 86790 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ANTIBODY, YERSINIA | 86793 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY, YERSINIA | 86793 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R THYROGLOBULIN ANTIBODY | 86800 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | THYROGLOBULIN ANTIBODY | 86800 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEPATITIS C ANTIBODY | 86803 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS C ANTIBODY | 86803 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEPATITIS C ANTIBODY | 86803 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS C ANTIBODY CONFIRMATORY TEST | 86804 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | HEPATITIS C ANTIBODY CONFIRMATORY TEST | 86804 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R HLA TYPING, A, B, OR C SINGLE ANTIGEN | 86812 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, A, B, OR C SINGLE ANTIGEN | 86812 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, A, B, OR C SINGLE ANTIGEN | 86812 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R HLA TYPING, A, B, OR C MULTPL ANTIGEN | 86813 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | R HLA TYPING, A, B, OR C MULTPL ANTIGEN | 86813 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, A, B, OR C MULTPL ANTIGEN | 86813 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, A, B, OR C MULTPL ANTIGEN | 86813 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | R HLA TYPING, DR/DQ SINGLE ANTIGEN | 86816 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, DR/DQ SINGLE ANTIGEN | 86816 | \$172.28 | \$168.83 | \$170.56 | \$159.01 | \$168.83 |
| Laboratory | Inpatient/Outpatient | R HLA TYPING, DR/DQ MULTIPLE ANTIGEN | 86817 | \$344.56 | \$337.67 | \$341.11 | \$318.03 | \$337.67 |
| Laboratory | Inpatient/Outpatient | HLA TYPING, DR/DQ MULTIPLE ANTIGEN | 86817 | \$344.56 | \$337.67 | \$341.11 | \$318.03 | \$337.67 |
| Laboratory | Inpatient/Outpatient | R HLA X-MATCH NON-CYTOTOXIC FIRST | 86825 | \$662.16 | \$648.92 | \$655.54 | \$611.17 | \$648.92 |
| Laboratory | Inpatient/Outpatient | ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE | 86850 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | ANTIBODY ELUTION (RBC), EACH ELUTION | 86860 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | ANTIBODY IDENT,RBC, EA PANEL FOR EA SERUM TECHNIQUE | 86870 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM | 86880 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | COOMBS TEST INDIRECT TITER | 86886 | \$47.94 | \$46.98 | \$47.46 | \$44.25 | \$46.98 |
| Laboratory | Inpatient/Outpatient | AUTOLOGOUS BLOOD/COMPONENT PREDEPOSITED | 86890 | \$254.68 | \$249.59 | \$252.13 | \$235.07 | \$249.59 |
| Laboratory | Inpatient/Outpatient | AUTOLOG BLOOD PREDEPOSITED | 86890 | \$254.68 | \$249.59 | \$252.13 | \$235.07 | \$249.59 |
| Laboratory | Inpatient/Outpatient | AUTOLOGOUS BLOOD OP SALVAGE | 86891 | \$786.50 | \$770.77 | \$778.64 | \$725.94 | \$770.77 |
| Laboratory | Inpatient/Outpatient | BLOOD TYPING, ABO | 86900 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | BLOOD TYPING RH (D) | 86901 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | BLOOD TYPE ANTIGEN DONOR EA | 86902 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | BLD TYPE, AG SCRIN W PT SERUM PER UNIT | 86904 | \$17.98 | \$17.62 | \$17.80 | \$16.60 | \$17.62 |
| Laboratory | Inpatient/Outpatient | BLD TYPE, RBC AG NOT ABO/RHD EA | 86905 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | COMPATIBILITY TEST EA UNIT,IMMED SPIN TECHNQ | 86920 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | COMPATIBILITY TEST EA UNIT,ANTIGLOB TECHNQ | 86922 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | FRESH FROZEN PLASMA,THAWING,EACH UNIT | 86927 | \$5.99 | \$5.87 | \$5.93 | \$5.53 | \$5.87 |
| Laboratory | Inpatient/Outpatient | R HEMOLYSINS & AGGLUTININS INCUBATED | 86941 | \$26.97 | \$26.43 | \$26.70 | \$24.89 | \$26.43 |
| Laboratory | Inpatient/Outpatient | HEMOLYSINS & AGGLUTININS INCUBATED | 86941 | \$26.97 | \$26.43 | \$26.70 | \$24.89 | \$26.43 |
| Laboratory | Inpatient/Outpatient | POOLING OF PLATELETS/BLOOD PRODUCTS | 86965 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PRETREAT RBC, CHEM OR DRUGS, EA INCUBATION | 86970 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | PRETREATMENT RBC'S W/ENZYMES, EA | 86971 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | PRETREATMENT SERUM BY DILUTION | 86976 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | PRETREATMENT SERUM INCUBATION W/INHIBITOR, EA | 86977 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | PRETREATMENT SERUM BY DIFF RED CELL ABSORPTION, EA | 86978 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |

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|------------|----------------------|-----------------------------------------------------------|--------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | SPLITTING OF BLOOD/PRODUCTS EACH UNIT | 86985 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CONCENTRATION FOR INFECTIOUS AGENT | 87015 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CONCENTRATION FOR INFECTIOUS AGENT | 87015 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CONCENTRATION FOR INFECTIOUS AGENT | 87015 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CONCENTRATION FOR INFECTIOUS AGENT | 87015 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID | 87040 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID | 87040 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID | 87040 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIA CULTURE STOOL, PRELIM EXAM | 87045 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIA CULTURE STOOL, PRELIM EXAM | 87045 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | AEROB BACTERIA CULTURE STOOL, PRELIM EXAM | 87045 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE | 87046 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE | 87046 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE | 87046 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID | 87070 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID | 87070 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID | 87070 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID | 87075 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID | 87075 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE | 87076 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE | 87076 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE | 87077 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE | 87077 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULTURE PRESMPVTY PATH ORGNSMS SCREEN ONLY | 87081 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CULTURE PRESMPVTY PATH ORGNSMS SCREEN ONLY | 87081 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CULTURE PRESMPVTY PATH ORGNSMS SCREEN ONLY | 87081 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CULTURE PRESMPVTY PATH ORGNSMS SCREEN ONLY - N/C | 87081 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | URINE CULTURE BACTRL QUANT COLONY COUNT | 87086 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | URINE CULTURE BACTRL QUANT COLONY COUNT | 87086 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE | 87088 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE | 87088 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | CULT FUNGUS W P ID, SKIN HR NL | 87101 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CULT FUNGUS W P ID, SKIN HR NL | 87101 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CULT FUNGUS W P ID, SKIN HR NL | 87101 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE | 87102 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE | 87102 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE | 87102 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE BLOOD, P ID | 87103 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R FUNGUS CULTURE BLOOD, P ID | 87103 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE BLOOD, P ID | 87103 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE DEF ID YEAST, EA | 87106 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | FUNGUS CULTURE DEF ID YEAST, EA | 87106 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R CULTURE MYCOPLASMA ANY SOURCE | 87109 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | CULTURE MYCOPLASMA ANY SOURCE | 87109 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | R CULTURE CHLAMYDIA ANY SOURCE | 87110 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | CULTURE CHLAMYDIA ANY SOURCE | 87110 | \$46.44 | \$45.51 | \$45.98 | \$42.86 | \$45.51 |
| Laboratory | Inpatient/Outpatient | CULTURE AFB - ISOL & ID | 87116 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CULTURE AFB - ISOL & ID | 87116 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CULTURE AFB - ISOL & ID | 87116 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R CULT MYCOBACTERIA DEFIN ID EA | 87118 | \$113.86 | \$111.58 | \$112.72 | \$105.09 | \$111.58 |
| Laboratory | Inpatient/Outpatient | CULT MYCOBACTERIA DEFIN ID EA | 87118 | \$113.86 | \$111.58 | \$112.72 | \$105.09 | \$111.58 |
| Laboratory | Inpatient/Outpatient | R CULTURE, IF EA ANTISERUM | 87140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CULTURE, IF EA ANTISERUM | 87140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CULTURE, IF EA ANTISERUM | 87140 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CULTURE, IMMUNOLOGIC, NON IMMUNOFL, PER ANTISERUM | 87147 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CULTURE, IMMUNOLOGIC, NON IMMUNOFL, PER ANTISERUM | 87147 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R DNA/RNA DIRECT PROBE, EA ORGANISM | 87149 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DNA/RNA DIRECT PROBE, EA ORGANISM | 87149 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DNA/RNA AMPLIFIED PROBE | CPT(R) | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | DNA/RNA AMPLIFIED PROBE | 87150 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CULTURE DNA/RNA SEQUENCING | 87153 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | CULTURE DNA/RNA SEQUENCING | 87153 | \$232.21 | \$227.57 | \$229.89 | \$214.33 | \$227.57 |
| Laboratory | Inpatient/Outpatient | DARK FIELD, W SPEC COLLECT | 87164 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | DARK FIELD, W SPEC COLLECT | 87164 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | MACROSCOPIC EXAM, ARTHROPOD | 87168 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | MACROSCOPIC EXAM, ARTHROPOD | 87168 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | MACROSCOPIC EXAM PARASITE | 87169 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R PINWORM EXAM | 87172 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |
| Laboratory | Inpatient/Outpatient | PINWORM EXAM | 87172 | \$8.99 | \$8.81 | \$8.90 | \$8.30 | \$8.81 |

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| Laboratory | Inpatient/Outpatient | OVA & PARASITES DIR SMR W ID | 87177 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R OVA & PARASITES DIR SMR W ID | 87177 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | OVA & PARASITES DIR SMR W ID | 87177 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - AGAR DILUTION/AGENT | 87181 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - AGAR DILUTION/AGENT | 87181 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - DISK PER PLATE | 87184 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - DISK PER PLATE | 87184 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | MICROBE SUSCEPTIBLE MIC | 87186 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R MICROBE SUSCEPTIBLE MIC | 87186 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R MICROBE SUSCEPTIBLE MIC | 87186 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | MICROBE SUSCEPTIBLE MIC | 87186 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SENSITIVITY - MLC EA PLATE | 87187 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - MLC EA PLATE | 87187 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SENSITIVITY - MACROBROTH EA AGENT | 87188 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - MACROBROTH EA AGENT | 87188 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SENSITIVITY - MYCOBACT EA AGENT | 87190 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SENSITIVITY - MYCOBACT EA AGENT | 87190 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN | 87205 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN | 87205 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN | 87205 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SMEAR, FLUORESCENT OR AFB STAIN | 87206 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R SMEAR, FLUORESCENT OR AFB STAIN | 87206 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SMEAR, FLUORESCENT OR AFB STAIN | 87206 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES | 87207 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES | 87207 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES | 87207 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASITE | 87209 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASITE | 87209 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT | 87210 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT | 87210 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT | 87210 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | KOH FOR FUNGI/PARASITES/MITES | 87220 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R KOH FOR FUNGI/PARASITES/MITES | 87220 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | KOH FOR FUNGI/PARASITES/MITES | 87220 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE | 87230 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE | 87230 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID | 87252 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID | 87252 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID | 87252 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE | 87253 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R VIRUS ISOLTN, TISSUE CULTR ADD STDY/DEFNTV IDENT | 87253 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE | 87253 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOL SHELL VIAL TECHN, IMMUNOFLUOR, EA VIRUS | 87254 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R VIRUS ISOL SHELL VIAL TECHN, IMMUNOFLUOR, EA VIRUS | 87254 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOL SHELL VIAL TECHN, IMMUNOFLUOR, EA VIRUS | 87254 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD | 87255 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD | 87255 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R BORDATELLA P AG BY DFA | 87265 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | BORDATELLA P AG BY DFA | 87265 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA T AG BY DFA | 87270 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA T AG BY DFA | 87270 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R INFECT AGENT ANTGN, CYTOMEGALOVIRUS DFA | 87271 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | INFECT AGENT ANTGN, CYTOMEGALOVIRUS DFA | 87271 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CRYPTOSPOR AG BY IFA | 87272 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CRYPTOSPOR AG BY IFA | 87272 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HERPES SIMPLEX 2 AG BY IF | 87273 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HERPES SIMPLEX 2 AG BY IF | 87273 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HERPES SIMPLEX 1 AG BY IF | 87274 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HERPES SIMPLEX 1 AG BY IF | 87274 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R LEGIONELLA PNEUMOPHILA ANTIGEN, IFA | 87278 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LEGIONELLA PNEUMOPHILA ANTIGEN, IFA | 87278 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R PNEUMOCYSTIS CARINII AG BY IF | 87281 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PNEUMOCYSTIS CARINII AG BY IF | 87281 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R VARICELLA ZOSTER AG BY DFA | 87290 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | VARICELLA ZOSTER AG BY DFA | 87290 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R NOS INFECTIOUS AG BY IF, EA | 87299 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | NOS INFECTIOUS AG BY IF, EA | 87299 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ADENOVIRUS AG EIA | 87301 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ADENOVIRUS AG EIA | 87301 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |

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| Laboratory | Inpatient/Outpatient | R ASPERGILLUS AG EIA | 87305 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ASPERGILLUS AG EIA | 87305 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CLOSTRIDIUM DIFFICILE AG EIA | 87324 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R CLOSTRIDIUM DIFFICILE AG EIA | 87324 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CLOSTRIDIUM DIFFICILE AG EIA | 87324 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | GIARDIA AG EIA | 87329 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | GIARDIA AG EIA | 87329 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ENTAMOEB HIST GROUP AG EIA | 87337 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | ENTAMOEB HIST GROUP AG EIA | 87337 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | HPYLORI STOOL AG EIA | 87338 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HPYLORI STOOL AG EIA | 87338 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | INFECT AGENT ANTGN ENZYME,HEP B (HBSAG) | 87340 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R INFECT AGENT ANTGN ENZYME,HEP B (HBSAG) | 87340 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | INFECT AGENT ANTGN ENZYME,HEP B (HBSAG) | 87340 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS B SURFACE AG EIA NEUTRALIZATION | 87341 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEPATITIS B SURFACE AG EIA NEUTRALIZATION | 87341 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS BE AG EIA | 87350 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | HEPATITIS BE AG EIA | 87350 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS DELTA AG EIA | 87380 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HEPATITIS DELTA AG EIA | 87380 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HISTOPLASMA CAPSUL AG EIA | 87385 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | HISTOPLASMA CAPSUL AG EIA | 87385 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R HIV-1 AG W/HIV-1 & HIV-2 AB | 87389 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | HIV-1 AG W/HIV-1 & HIV-2 AB | 87389 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R HIV-1 AG EIA | 87390 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | HIV-1 AG EIA | 87390 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R RESP SYNCYTIAL AG EIA | 87420 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | RESP SYNCYTIAL AG EIA | 87420 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R ROTAVIRUS AG EIA | 87425 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | ROTAVIRUS AG EIA | 87425 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CORONAVIRUS AG IA | 87426 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R SHIGA-LIKE TOXIN AG EIA | 87427 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SHIGA-LIKE TOXIN AG EIA | 87427 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SARS-COV-2 & INFLUENZA VIRUS TYPES A&B | 87428 | \$38.95 | \$38.17 | \$38.56 | \$35.95 | \$38.17 |
| Laboratory | Inpatient/Outpatient | IA AG BY EIA - MULTI STEP EA | 87449 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | R IA AG BY EIA - MULTI STEP EA | 87449 | \$97.38 | \$95.43 | \$96.41 | \$89.88 | \$95.43 |
| Laboratory | Inpatient/Outpatient | IA AG BY EIA - MULTI STEP EA | 87449 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IA AG BY EIA - SGL STEP EA | 87450 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | IAAD IA SINGLE STEP METHOD NOS EA ORGANISM | 87450 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LYMES AMPLIFIED NA PROBE | 87476 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CANDIDA NA DIRECT PROBE | 87480 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CANDIDA NA DIRECT PROBE | 87480 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CANDIDA NA AMPLIFIED PROBE | 87481 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CANDIDA NA AMPLIFIED PROBE | 87481 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CHLAMYDIA P AMPLIF NA PROBE | 87486 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA P AMPLIF NA PROBE | 87486 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA P AMPLIF NA PROBE | 87486 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CHLAMYDIA T DIR NA PROBE | 87490 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA T DIR NA PROBE | 87490 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R CHLAMYDIA T AMPLIF NA PROBE | 87491 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA T AMPLIF NA PROBE | 87491 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | CHLAMYDIA T AMPLIF NA PROBE | 87491 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | C DIFF AMPLIFIED PROBE | 87493 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | C DIFF AMPLIFIED PROBE | 87493 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CYTOMEGALOV AMPLIF NA PROBE | 87496 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CYTOMEGALOVIRUS AMP PROBE | 87496 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | CYTOMEGALOV AMPLIF NA PROBE | 87496 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R CYTOMEGALOVIRUS NA QUAN | 87497 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | CYTOMEGALOVIRUS NA QUAN | 87497 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R ENTEROVIRUS NA AMP PROBE & REVRS TRNS | 87498 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | ENTEROVIRUS PROBE&REVRS TRNS | 87498 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | ENTEROVIRUS NA AMP PROBE & REVRS TRNS | 87498 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROB EA TYPE | 87501 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROB EA TYPE | 87501 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R INFLUENZA DNA AMP PROBE | 87502 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROBE | 87502 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROBE | 87502 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROB >2 TYPES | 87503 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | INFLUENZA DNA AMP PROB >2 TYPES | 87503 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |

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|------------|----------------------|--------------------------------------------------------------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | IADNA-DNA/RNA PROBE TQ 12-25 | 87507 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | IADNA-DNA/RNA PROBE TQ 12-25 | 87507 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | GARDNERELLA DIR NA PROBE | 87510 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | GARDNERELLA DIR NA PROBE | 87510 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | GARDNERELLA NA QUAN | 87512 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | GARDNERELLA NA QUAN | 87512 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HEP-B AMPLIF NA PROBE | 87516 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HEP-B AMPLIF NA PROBE | 87516 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R HEP-B NA QUAN | 87517 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | HEP-B NA QUAN | 87517 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA | 87521 | \$209.73 | \$205.54 | \$207.63 | \$193.58 | \$205.54 |
| Laboratory | Inpatient/Outpatient | HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA | 87521 | \$209.73 | \$205.54 | \$207.63 | \$193.58 | \$205.54 |
| Laboratory | Inpatient/Outpatient | R HEPATITIS C REVRS TRNSCRPJ, NA, QUANT | 87522 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | HEPATITIS C REVRS TRNSCRPJ, NA, QUANT | 87522 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HERPES S AMPLIF NA PROBE | 87529 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HERPES SIMPLEX VIRUS, DNA AMP PROBE | 87529 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HERPES S AMPLIF NA PROBE | 87529 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HERPES S NA QUAN | 87530 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HERPES 6 AMPLIF NA PROBE | 87532 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HERPES VIRUS-6 AMP PROBE | 87532 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HERPES 6 AMPLIF NA PROBE | 87532 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R HERPES 6 NA QUAN | 87533 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | HERPES 6 NA QUAN | 87533 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRPJ | 87535 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R INFECT AGENT DETECT,HIV-1 AMPLIFIED | 87535 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRPJ | 87535 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R HIV-1 NA QUANT & REVRSE TRNSCRPJ | 87536 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | HIV-1 NA QUANT & REVRSE TRNSCRPJ | 87536 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R HIV-2 AMPLIF NA PROBE & REVRSE TRNSCRPJ | 87538 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | HIV-2 AMPLIF NA PROBE & REVRSE TRNSCRPJ | 87538 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R LEGIONELLA AMPLIF NA PROBE | 87541 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | LEGIONELLA AMPLIF NA PROBE | 87541 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R MYCOBACTERIA T DIR NA PROBE | 87555 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOBACTERIA T DIR NA PROBE | 87555 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOBACTERIA T AMPLIF NA PROBE | 87556 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R MYCOBACTERIA T AMPLIF NA PROBE | 87556 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOBACTERIA T AMPLIF NA PROBE | 87556 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOBACTERIA T AMPLIF NA PROBE | 87556 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R MYCOBACTERIA A DIR NA PROBE | 87560 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | MYCOBACTERIA A DIR NA PROBE | 87560 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | M. GENITALIUM AMP PROBE | 87563 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R MYCOPLASMA P AMPLIF NA PROBE | 87581 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOPLASMA AMPLIF NA PROBE | 87581 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | MYCOPLASMA P AMPLIF NA PROBE | 87581 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R NEISSERIA AMPLIF NA PROBE | 87591 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R NEISSERIA AMPLIF NA PROBE | 87591 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | NEISSERIA AMPLIF NA PROBE | 87591 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R HPV HIGH-RISK TYPES | 87624 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HPV HIGH-RISK TYPES | 87624 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R HPV TYPES 16 & 18 ONLY | 87625 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | HPV TYPES 16 & 18 ONLY | 87625 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | RESP VIRUS 3-5 TARGETS | 87631 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | RESP VIRUS 42799 TARGETS | 87631 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | RESP VIRUS 12-25 TARGETS | 87633 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | RESP VIRUS 12-25 TARGETS | 87633 | \$269.66 | \$264.27 | \$266.96 | \$248.90 | \$264.27 |
| Laboratory | Inpatient/Outpatient | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS | 87635 | \$51.31 | \$50.28 | \$50.80 | \$47.36 | \$50.28 |
| Laboratory | Inpatient/Outpatient | MR-STAPH DNA AMP PROBE | 87641 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | MR-STAPH DNA AMP PROBE | 87641 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | STREPTOCOCCUS GROUP A AMPLIFIED PROBE TECHNIQUE | 87651 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | STREP B DNA AMP PROBE | 87653 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | STREP B DNA AMP PROBE | 87653 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | TRICHOMONAS VAGINALIS NA DIR PROBE | 87660 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | TRICHOMONAS VAGINALIS NA DIR PROBE | 87660 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | TRICHOMONAS VAGINALIS AMPLIF | 87661 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | TRICHOMONAS VAGINALIS AMPLIF | 87661 | \$67.41 | \$66.06 | \$66.74 | \$62.22 | \$66.06 |
| Laboratory | Inpatient/Outpatient | R AMPLIF NA PROBE NOS AGENT EA | 87798 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | AMPLIF NA PROBE NOS AGENT | 87798 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R INFCT AGNT DET NA, NOS, AMPLIFIED PROBE EA | 87798 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | AMPLIF NA PROBE NOS AGENT | 87798 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |

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|------------|----------------------|--------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | AMPLIF NA PROBE NOS AGENT EA | 87798 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R NA QUANT NOS AGENT EA | 87799 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R NA QUAN NOS AGENT EA | 87799 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | NA QUANT NOS AGENT EA | 87799 | \$239.70 | \$234.91 | \$237.30 | \$221.24 | \$234.91 |
| Laboratory | Inpatient/Outpatient | R DIR NA PROBE MULTI ORGANISMS | 87800 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | DIR NA PROBE MULTI ORGANISMS | 87800 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | R DNA/RNA, MULTI ORG - AMP PR | 87801 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | DNA/RNA, MULTI ORG - AMP PR | 87801 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | DNA/RNA, MULTI ORG - AMP PR | 87801 | \$179.77 | \$176.17 | \$177.97 | \$165.93 | \$176.17 |
| Laboratory | Inpatient/Outpatient | STREP B IA W DO | 87802 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | STREP B IA W DO | 87802 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | INFLUENZA IA W DO | 87804 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | INFLUENZA IA W DO | 87804 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | INFLUENZA A+B BY IMMUNOFUORESCENCE | 87804 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | RESPIRATORY SYNCYTIAL VIRUS BY IMMUNOFUORESCENCE | 87807 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | STREP A ASSAY W/OPTIC | 87880 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | STREP A ASSAY W/OPTIC | 87880 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | AGENT NOS ASSAY W/OPTIC | 87899 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | AGENT NOS ASSAY W/OPTIC | 87899 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | PHENOTYPE INFECT AGENT DRUG | 87900 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R GENOTYPE DNA HIV REVERSE T | 87901 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | GENOTYPE DNA HIV REVERSE T | 87901 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | R GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA | 87902 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA | 87902 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | R PHENOTYPE DNA HIV W/CULTURE, 1-10 DRUGS | 87903 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | PHENOTYPE DNA HIV W/CULTURE, 42745 DRUGS | 87903 | \$509.35 | \$499.16 | \$504.26 | \$470.13 | \$499.16 |
| Laboratory | Inpatient/Outpatient | GENOTYPE DNA HIV OTHER REGION | 87906 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | GENOTYPE DNA HIV OTHER REGION | 87906 | \$247.19 | \$242.25 | \$244.72 | \$228.16 | \$242.25 |
| Laboratory | Inpatient/Outpatient | GENOTYPE DNA HEPATITIS B | 87912 | \$221.72 | \$217.29 | \$219.50 | \$204.65 | \$217.29 |
| Laboratory | Inpatient/Outpatient | GENOTYPE DNA HEPATITIS B | 87912 | \$221.72 | \$217.29 | \$219.50 | \$204.65 | \$217.29 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, FLUID,WASHNG,BRUSHNG SMEAR | 88104 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, FLUID,WASHNG,BRUSHNG SMEAR | 88104 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, CONCENTRATION TECHNQ SMEAR | 88108 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, CONCENTRATION TECHNQ SMEAR | 88108 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, SEL CELL ENHANCMMNT TECHNQ | 88112 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, SEL CELL ENHANCMMNT TECHNQ | 88112 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R CYTP URNE 3-5 PROBES EA SPEC, MANUAL | 88120 | \$277.15 | \$271.61 | \$274.38 | \$255.81 | \$271.61 |
| Laboratory | Inpatient/Outpatient | CYTP URNE 42799 PROBES EA SPEC, MANUAL | 88120 | \$277.15 | \$271.61 | \$274.38 | \$255.81 | \$271.61 |
| Laboratory | Inpatient/Outpatient | CYTOPATH C/V INTERPRET | 88141 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CYTOPATH C/V INTERPRET | 88141 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CYTOPATH C/V INTERPRET | 88141 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, CERV/VAGINAL AUTO THIN LAYER | 88142 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CYTOPATH, CERV/VAGINAL AUTO THIN LAYER | 88142 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CP CERV/VAG, ATL, MANUAL SCR,N,QUEST LAB | 88142 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, CERV/VAGINAL AUTO THIN LAYER | 88142 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | DX PAP TL, MANUAL SCR,N & RS | 88143 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | DX PAP TL, MANUAL SCR,N & RS | 88143 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R CYTOPATH SLIDES CERV/VAGNL DEF HORMNLS EVAL | 88155 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | CYTOPATH SLIDES CERV/VAGNL DEF HORMNLS EVAL | 88155 | \$32.96 | \$32.30 | \$32.63 | \$30.42 | \$32.30 |
| Laboratory | Inpatient/Outpatient | CP SMR OTHR, PREP SCR,N INT | 88161 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | CP SMR OTHR, PREP SCR,N INT | 88161 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | BETHESDA PAP, MANUAL SCREEN | 88164 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | BETHESDA PAP, MANUAL SCREEN | 88164 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CYTOPATH SLIDES CERV/VAGNL MAN (RE)SCREEN | 88165 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH SLIDES CERV/VAGNL MAN (RE)SCREEN | 88165 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, DX EVAL FNA 1ST EA SITE | 88172 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, DX EVAL FNA 1ST EA SITE | 88172 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, EVAL FNA INTERPRET & REPORT | 88173 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, EVAL FNA INTERPRET & REPORT | 88173 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | CYTOPATH C/V AUTO FLUID REDO | 88175 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, EVAL FNA EACH ADDTNL EPISODE | 88177 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | CYTOPATH, EVAL FNA EACH ADDTNL EPISODE | 88177 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS | 88182 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS | 88182 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER | 88184 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER | 88184 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER | 88184 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL | 88185 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL | 88185 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |

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|------------|----------------------|----------------------------------------------------------|-------|----------|----------|----------|----------|----------|
| Laboratory | Inpatient/Outpatient | FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL | 88185 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | L R FLOW CYTOMETRY, INTERPRET, 9-15 MARKERS | 88188 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | L R FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKERS | 88189 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKERS | 88189 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,LYMPHOCYTE | 88230 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,LYMPHOCYTE | 88230 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | TISSUE CULT FOR NON-NEOPLSTC,LYMPHOCYTE | 88230 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,SKIN/SOLID BX | 88233 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,SKIN/SOLID BX | 88233 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,SKIN/SOLID BX | 88233 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | TISSUE CULT FOR NON-NEOPLSTC,SKIN/SOLID BX | 88233 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULT FOR NON-NEOPLSTC,AMNIOTIC FLUID | 88235 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | TISSUE CULT FOR NON-NEOPLSTC,AMNIOTIC FLUID | 88235 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R TISSUE CULTURE, BM BLD CELLS | 88237 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | TISSUE CULTURE, BM BLD CELLS | 88237 | \$224.71 | \$220.22 | \$222.46 | \$207.41 | \$220.22 |
| Laboratory | Inpatient/Outpatient | R CHROMSM ANALYS BASELINE BRKG SCORE 50-100 | 88248 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | CHROMSM ANALYS BASELINE BRKG SCORE 50-100 | 88248 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | R CHROMSM ANALYS BASELINE BRKG SCORE 100 | 88249 | \$696.62 | \$682.69 | \$689.65 | \$642.98 | \$682.69 |
| Laboratory | Inpatient/Outpatient | CHROMSM ANALYS BASELINE BRKG SCORE 100 | 88249 | \$696.62 | \$682.69 | \$689.65 | \$642.98 | \$682.69 |
| Laboratory | Inpatient/Outpatient | R CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYP | 88262 | \$479.39 | \$469.80 | \$474.60 | \$442.48 | \$469.80 |
| Laboratory | Inpatient/Outpatient | R CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYP | 88262 | \$479.39 | \$469.80 | \$474.60 | \$442.48 | \$469.80 |
| Laboratory | Inpatient/Outpatient | CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYP | 88262 | \$479.39 | \$469.80 | \$474.60 | \$442.48 | \$469.80 |
| Laboratory | Inpatient/Outpatient | R CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS | 88264 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | R CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS | 88264 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS | 88264 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | R CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS | 88269 | \$449.43 | \$440.44 | \$444.94 | \$414.82 | \$440.44 |
| Laboratory | Inpatient/Outpatient | CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS | 88269 | \$449.43 | \$440.44 | \$444.94 | \$414.82 | \$440.44 |
| Laboratory | Inpatient/Outpatient | R MLECLULAR CYTOGEN, DNA PROBE EA (FISH) | 88271 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R MLECLULAR CYTOGEN, DNA PROBE EA (FISH) | 88271 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | MLECLULAR CYTOGEN, DNA PROBE EA (FISH) | 88271 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | R MCG, SITU HYBRID 10-30 CELLS | 88273 | \$262.17 | \$256.93 | \$259.55 | \$241.98 | \$256.93 |
| Laboratory | Inpatient/Outpatient | MCG, SITU HYBRID 43038 CELLS | 88273 | \$262.17 | \$256.93 | \$259.55 | \$241.98 | \$256.93 |
| Laboratory | Inpatient/Outpatient | CYTOGENETICS, MOLECULAR INTERPHASE IN SITU HYBID 25-99 S | 88274 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | CYTOGENETICS, MOLECULAR INTERPHASE IN SITU HYBID 25-99 S | 88274 | \$299.62 | \$293.63 | \$296.62 | \$276.55 | \$293.63 |
| Laboratory | Inpatient/Outpatient | R MCG, IP SITU 100-300 CELLS | 88275 | \$344.56 | \$337.67 | \$341.11 | \$318.03 | \$337.67 |
| Laboratory | Inpatient/Outpatient | R MCG, IP SITU 100-300 CELLS | 88275 | \$344.56 | \$337.67 | \$341.11 | \$318.03 | \$337.67 |
| Laboratory | Inpatient/Outpatient | MCG, IP SITU 100-300 CELLS | 88275 | \$344.56 | \$337.67 | \$341.11 | \$318.03 | \$337.67 |
| Laboratory | Inpatient/Outpatient | R CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVAL | 88280 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CHROM ANALY, ADDTL KARYOT EA STUDY | 88280 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVAL | 88280 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | R CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY | 88289 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY | 88289 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | L R CYTOGENETIC & MOLECULAR CYTOGENETICS | 88291 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CYTOGENETIC & MOLECULAR CYTOGENETICS | 88291 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R CYTOGENETIC & MOLECULAR CYTOGENETICS | 88291 | \$566.28 | \$554.95 | \$560.62 | \$522.68 | \$554.95 |
| Laboratory | Inpatient/Outpatient | CYTOGENETIC & MOLECULAR CYTOGENETICS | 88291 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | R UNLISTED CYTOGENETIC STUDY | 88299 | \$566.28 | \$554.95 | \$560.62 | \$522.68 | \$554.95 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL 1, GROSS EXAM ONLY | 88300 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL 1, GROSS EXAM ONLY | 88300 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM | 88302 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM | 88302 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM | 88304 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM | 88304 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM | 88305 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | BIOPSY PROSTATE 10-20 SPC | 88305 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM | 88305 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL V, GROSS & MICROSCOPIC | 88307 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL V, GROSS & MICROSCOPIC | 88307 | \$149.81 | \$146.81 | \$148.31 | \$138.27 | \$146.81 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL VI, GROSS & MICROSCOPIC | 88309 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | SURG PATH LEVEL VI, GROSS & MICROSCOPIC | 88309 | \$187.26 | \$183.51 | \$185.39 | \$172.84 | \$183.51 |
| Laboratory | Inpatient/Outpatient | DECALCIFICATION PROCEDURE | 88311 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | DECALCIFICATION PROCEDURE | 88311 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, GROUP I FOR MICROORGANISMS | 88312 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, GROUP I FOR MICROORGANISMS | 88312 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, GROUP II, ALL OTHERS | 88313 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SPECIAL STAIN, GROUP II, ALL OTHERS | 88313 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, GROUP II, ALL OTHERS | 88313 | \$14.98 | \$14.68 | \$14.83 | \$13.83 | \$14.68 |
| Laboratory | Inpatient/Outpatient | R SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK | 88314 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK | 88314 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |

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| Laboratory | Inpatient/Outpatient | R SPECIAL STAIN, GROUP III FOR ENZYME | 88319 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | SPECIAL STAIN, GROUP III FOR ENZYME | 88319 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | REF CONSULT W SLIDE PREP | 88323 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | CONSULT DURING SURGERY | 88329 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | CONSULT DURING SURGERY | 88329 | \$29.96 | \$29.36 | \$29.66 | \$27.65 | \$29.36 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG,1ST BLCK FRZN SEC | 88331 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG,1ST BLCK FRZN SEC | 88331 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG,EA ADDTNL BLCK | 88332 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG,EA ADDTNL BLCK | 88332 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG, CYTOLOGY EXAM | 88333 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG, CYTOLOGY EXAM | 88333 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG, CYT EXAM EA ADD SITE | 88334 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | PATH CONSULT DURING SURG, CYT EXAM EA ADD SITE | 88334 | \$44.94 | \$44.04 | \$44.49 | \$41.48 | \$44.04 |
| Laboratory | Inpatient/Outpatient | IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL | 88341 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL | 88341 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL | 88341 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL | 88342 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL | 88342 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL | 88342 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R IMMUNOFLUORESCENT STUDY, EA ANTIBODY, DIRECT | 88346 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R IMMUNOFLUORESCENT STUDY,EA ANTBDY, DIRECT | 88346 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | IMMUNOFLUORESCENT STUDY, EA ANTIBODY, DIRECT | 88346 | \$89.89 | \$88.09 | \$88.99 | \$82.97 | \$88.09 |
| Laboratory | Inpatient/Outpatient | R ELECTRON MICROSCOPY, DIAGNOSTIC | 88348 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | ELECTRON MICROSCOPY, DIAGNOSTIC | 88348 | \$599.24 | \$587.26 | \$593.25 | \$553.10 | \$587.26 |
| Laboratory | Inpatient/Outpatient | IMMUNOFLUOR ANTB ADDL STAIN | 88350 | \$103.37 | \$101.30 | \$102.34 | \$95.41 | \$101.30 |
| Laboratory | Inpatient/Outpatient | IMMUNOFLUOR ANTB ADDL STAIN | 88350 | \$103.37 | \$101.30 | \$102.34 | \$95.41 | \$101.30 |
| Laboratory | Inpatient/Outpatient | R MORPHOMETRIC ANALY,TUMOR MARKER,MANUAL | 88360 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | MORPHOMETRIC ANALY,TUMOR MARKER,MANUAL | 88360 | \$112.36 | \$110.11 | \$111.24 | \$103.71 | \$110.11 |
| Laboratory | Inpatient/Outpatient | R MORPHOMETRIC ANALY,TUMOR MARKER,CMPT | 88361 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | R MORPHOMETRIC ANALY,TUMOR MARKER,CMPT | 88361 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | MORPHOMETRIC ANALY,TUMOR MARKER,CMPT | 88361 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | R INSITU HYBRIDIZATION (FISH) SINGLE PROBE, EA ADDTL | 88364 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION (FISH) EA ADDTL | 88364 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION (FISH) | 88364 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION (FISH) EA ADDTL | 88364 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | R IN SITU HYBRIDIZATION (FISH) SINGLE PROBE | 88365 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | R IN SITU HYBRIDIZATION (FISH) SINGLE PROBE, INITIAL | 88365 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION (FISH) | 88365 | \$292.13 | \$286.29 | \$289.21 | \$269.64 | \$286.29 |
| Laboratory | Inpatient/Outpatient | IN SITU HYBRIDIZATION (FISH) SINGLE PROBE | 88365 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION AUTO | 88367 | \$203.74 | \$199.67 | \$201.70 | \$188.05 | \$199.67 |
| Laboratory | Inpatient/Outpatient | INSITU HYBRIDIZATION AUTO | 88367 | \$203.74 | \$199.67 | \$201.70 | \$188.05 | \$199.67 |
| Laboratory | Inpatient/Outpatient | R MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL | 88368 | \$173.78 | \$170.30 | \$172.04 | \$160.40 | \$170.30 |
| Laboratory | Inpatient/Outpatient | MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL | 88368 | \$173.78 | \$170.30 | \$172.04 | \$160.40 | \$170.30 |
| Laboratory | Inpatient/Outpatient | R MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, EACH ADD'L SNGL PROBE | 88369 | \$173.78 | \$170.30 | \$172.04 | \$160.40 | \$170.30 |
| Laboratory | Inpatient/Outpatient | MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, EACH ADD'L SNGL PROBE | 88369 | \$173.78 | \$170.30 | \$172.04 | \$160.40 | \$170.30 |
| Laboratory | Inpatient/Outpatient | M/PHMTRC ALYS ISHQUANT/SEMIQ | 88373 | \$203.74 | \$199.67 | \$201.70 | \$188.05 | \$199.67 |
| Laboratory | Inpatient/Outpatient | M/PHMTRC ALYS ISHQUANT/SEMIQ | 88373 | \$203.74 | \$199.67 | \$201.70 | \$188.05 | \$199.67 |
| Laboratory | Inpatient/Outpatient | R M/PHMTRC ALYS ISH QUANT/SEMIQ | 88374 | \$524.33 | \$513.84 | \$519.09 | \$483.96 | \$513.84 |
| Laboratory | Inpatient/Outpatient | M/PHMTRC ALYS ISH QUANT/SEMIQ | 88374 | \$524.33 | \$513.84 | \$519.09 | \$483.96 | \$513.84 |
| Laboratory | Inpatient/Outpatient | R MORPHOMTC ALYS IN SITU HYBRID QUANT/SEMIQ | 88377 | \$524.33 | \$513.84 | \$519.09 | \$483.96 | \$513.84 |
| Laboratory | Inpatient/Outpatient | MORPHOMTC ALYS IN SITU HYBRID QUANT/SEMIQ | 88377 | \$524.33 | \$513.84 | \$519.09 | \$483.96 | \$513.84 |
| Laboratory | Inpatient/Outpatient | MICRODISSECTION LASER | 88380 | \$1,226.94 | \$1,202.40 | \$1,214.67 | \$1,132.47 | \$1,202.40 |
| Laboratory | Inpatient/Outpatient | R MICRODISSECTION MANUAL | 88381 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | MICRODISSECTION MANUAL | 88381 | \$307.11 | \$300.97 | \$304.04 | \$283.46 | \$300.97 |
| Laboratory | Inpatient/Outpatient | CELL COUNT, MISC BODY FLUID,W/DIFF COUNT | 89051 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | CELL COUNT, MISC BODY FLUID,W/DIFF COUNT | 89051 | \$37.45 | \$36.70 | \$37.08 | \$34.57 | \$36.70 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE ASSESSMENT,FECAL,QUAL/SEMIQUAL | 89055 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE ASSESSMENT,FECAL,QUAL/SEMIQUAL | 89055 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | CRYSTAL IDENTIFICATION TISSUE/BODY FLUID | 89060 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | CRYSTAL IDENTIFICATION TISSUE/BODY FLUID | 89060 | \$22.47 | \$22.02 | \$22.25 | \$20.74 | \$22.02 |
| Laboratory | Inpatient/Outpatient | R MEAT FIBERS, FECES | 89160 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | MEAT FIBERS, FECES | 89160 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | NASAL SMEAR FOR EOSINOPHILS | 89190 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | NASAL SMEAR FOR EOSINOPHILS | 89190 | \$11.98 | \$11.74 | \$11.86 | \$11.06 | \$11.74 |
| Laboratory | Inpatient/Outpatient | SEMEN ANALYSIS,SPERM PRESENCE & MOTILITY | 89321 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | SEMEN ANALYSIS,SPERM PRESENCE & MOTILITY | 89321 | \$7.49 | \$7.34 | \$7.42 | \$6.91 | \$7.34 |
| Laboratory | Inpatient/Outpatient | R SPERM ANTIBODIES | 89325 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | SPERM ANTIBODIES | 89325 | \$25.47 | \$24.96 | \$25.22 | \$23.51 | \$24.96 |
| Laboratory | Inpatient/Outpatient | PHLEBOTOMY, THERAPEUTIC | 99195 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |

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|------------------------|----------------------|----------------------------------------------------------------------------|-------|------------|------------|------------|------------|------------|
| Laboratory | Inpatient/Outpatient | PHLEBOTOMY, THERAPEUTIC | 99195 | \$74.90 | \$73.40 | \$74.15 | \$69.13 | \$73.40 |
| Laboratory | Inpatient/Outpatient | BLOOD, SPLIT UNIT, RED BLOOD CELL | P9011 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | BLOOD, SPLIT UNIT, PLATELET | P9011 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | BLOOD, SPLIT UNIT, FRESH FROZEN PLASMA | P9011 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| Laboratory | Inpatient/Outpatient | CRYOPRECIPITATE EA UNIT, PROC FEE | P9012 | \$52.43 | \$51.38 | \$51.91 | \$48.39 | \$51.38 |
| Laboratory | Inpatient/Outpatient | LEUKOCYTE POOR BLOOD EA UNIT, NON-AUTOLOGOUS, PROC FEE | P9016 | \$217.22 | \$212.88 | \$215.05 | \$200.49 | \$212.88 |
| Laboratory | Inpatient/Outpatient | FRESH FROZ PLASMA 1 DONOR FRZ W/IN 8 HR, EA UNIT, NON-AUTOLOGOUS PROC FEE | P9017 | \$59.92 | \$58.72 | \$59.32 | \$55.31 | \$58.72 |
| Laboratory | Inpatient/Outpatient | RED BLOOD CELLS EA UNIT, AUTOLOGOUS PROC FEE | P9021 | \$134.83 | \$132.13 | \$133.48 | \$124.45 | \$132.13 |
| Laboratory | Inpatient/Outpatient | PLATELETS PHERESIS LR EA UNIT, PROC FEE | P9035 | \$749.05 | \$734.07 | \$741.56 | \$691.37 | \$734.07 |
| Laboratory | Inpatient/Outpatient | PLATELETS PHERESIS LR IRRAD EA UNIT, PROC FEE | P9037 | \$868.90 | \$851.52 | \$860.21 | \$801.99 | \$851.52 |
| Laboratory | Inpatient/Outpatient | RBC DEGLYCEROLIZED EACH UNIT, NON-AUTOLOGOUS, PROC FEE | P9039 | \$389.51 | \$381.72 | \$385.61 | \$359.52 | \$381.72 |
| Laboratory | Inpatient/Outpatient | RBC LR IRRADIATED EACH UNIT, NON-AUTOLOGOUS, PROC FEE | P9040 | \$337.07 | \$330.33 | \$333.70 | \$311.12 | \$330.33 |
| Laboratory | Inpatient/Outpatient | PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT | P9072 | \$868.90 | \$851.52 | \$860.21 | \$801.99 | \$851.52 |
| Laboratory | Inpatient/Outpatient | PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT | P9073 | \$868.90 | \$851.52 | \$860.21 | \$801.99 | \$851.52 |
| Laboratory | Inpatient/Outpatient | SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH | U0003 | \$110.86 | \$108.64 | \$109.75 | \$102.32 | \$108.64 |
| Laboratory | Inpatient/Outpatient | SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH | U0003 | \$75.00 | \$73.50 | \$74.25 | \$69.23 | \$73.50 |
| Laboratory | Inpatient/Outpatient | COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH | U0004 | \$104.87 | \$102.77 | \$103.82 | \$96.80 | \$102.77 |
| Laboratory | Inpatient/Outpatient | COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH | U0004 | \$75.00 | \$73.50 | \$74.25 | \$69.23 | \$73.50 |
| Laboratory | Inpatient/Outpatient | COVID-19 AMP PRB HGH THRUPTUP WITHIN 2 DAYS COLLECT | U0005 | \$25.00 | \$24.50 | \$24.75 | \$23.08 | \$24.50 |
| Electrocardiography | Inpatient/Outpatient | ADMIN ECHO CONTRAST AGENT | | \$3.10 | \$3.04 | \$3.07 | \$2.86 | \$3.04 |
| Electrocardiography | Inpatient/Outpatient | EXT ECG RECORDING - HOOK UP | 0296T | \$30.97 | \$30.35 | \$30.66 | \$28.59 | \$30.35 |
| Electrocardiography | Inpatient/Outpatient | CARDIOVERSION ELECTRIC EXT | 92960 | \$139.35 | \$136.56 | \$137.96 | \$128.62 | \$136.56 |
| Electrocardiography | Inpatient/Outpatient | CARDIOVERSION ELECTRIC EXT, ADD TO TEE | 92960 | \$15.48 | \$15.17 | \$15.33 | \$14.29 | \$15.17 |
| Electrocardiography | Inpatient/Outpatient | ECG 12 LEAD | 93005 | \$37.16 | \$36.42 | \$36.79 | \$34.30 | \$36.42 |
| Electrocardiography | Inpatient/Outpatient | ECG STRESS TEST TRACING ONLY EXERCISE TEST | 93017 | \$92.90 | \$91.04 | \$91.97 | \$85.75 | \$91.04 |
| Electrocardiography | Inpatient/Outpatient | ECG STRESS TEST TRACING ONLY W/ CARDIOLTE | 93017 | \$92.90 | \$91.04 | \$91.97 | \$85.75 | \$91.04 |
| Electrocardiography | Inpatient/Outpatient | ECG STRESS TEST TRACING ONLY W/ PERSANTINE CARD | 93017 | \$92.90 | \$91.04 | \$91.97 | \$85.75 | \$91.04 |
| Electrocardiography | Inpatient/Outpatient | ECG STRESS TEST TRACING ONLY W/ DOBUTAMINE | 93017 | \$92.90 | \$91.04 | \$91.97 | \$85.75 | \$91.04 |
| Electrocardiography | Inpatient/Outpatient | ECG UP TO 48 HRS RECORDING & STORAGE | 93225 | \$30.97 | \$30.35 | \$30.66 | \$28.59 | \$30.35 |
| Electrocardiography | Inpatient/Outpatient | ECG UP TO 48 HRS SCANNING ANALYSIS REPORT, RECORD & STORE | | \$154.83 | \$151.73 | \$153.28 | \$142.91 | \$151.73 |
| Electrocardiography | Inpatient/Outpatient | REMOTE PT 30 DAY ECG REV/REPORT | 93270 | \$30.97 | \$30.35 | \$30.66 | \$28.59 | \$30.35 |
| Electrocardiography | Inpatient/Outpatient | HC EVENT MONITOR TRANSMIT ANALY | | \$15.48 | \$15.17 | \$15.33 | \$14.29 | \$15.17 |
| Electrocardiography | Inpatient/Outpatient | ECHO 2D DOP WAVE/COLOR FLW COMPL | 93306 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | ECHO 2D DOP WAVE/COLOR FLW COMPL WITH CONTRAST | 93306 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | ECHO FOLLOW-UP | 93308 | \$61.93 | \$60.69 | \$61.31 | \$57.16 | \$60.69 |
| Electrocardiography | Inpatient/Outpatient | ECHO FOLLOW-UP WITH CONTRAST | 93308 | \$61.93 | \$60.69 | \$61.31 | \$57.16 | \$60.69 |
| Electrocardiography | Inpatient/Outpatient | TTE F-UP OR LMTD | 93308 | \$61.93 | \$60.69 | \$61.31 | \$57.16 | \$60.69 |
| Electrocardiography | Inpatient/Outpatient | TRANSESOPHAGEAL ECHO | 93312 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | TRANSESOPHAGEAL ECHO | 93312 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | TRANSESOPHAGEAL ECHO | 93312 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING | 93325 | \$15.48 | \$15.17 | \$15.33 | \$14.29 | \$15.17 |
| Electrocardiography | Inpatient/Outpatient | STRESS TTE W/WO DOBUTAMINE | 93350 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | STRESS TTE W/WO DOBUTAMINE WITH CONTRAST | 93350 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | ADMIN ECG CONTRAST AGENT | 93352 | \$3.10 | \$3.04 | \$3.07 | \$2.86 | \$3.04 |
| Electrocardiography | Inpatient/Outpatient | TILT TABLE EVALUATION < 45 MIN | 93660 | \$185.80 | \$182.08 | \$183.94 | \$171.49 | \$182.08 |
| Electrocardiography | Inpatient/Outpatient | TILT TABLE EVALUATION >45 MIN | 93660 | \$278.70 | \$273.13 | \$275.91 | \$257.24 | \$273.13 |
| Electrocardiography | Inpatient/Outpatient | AMBL BP MNTR W/SW REC ONLY 24+ HRS | 93786 | \$30.97 | \$30.35 | \$30.66 | \$28.59 | \$30.35 |
| Electrocardiography | Inpatient/Outpatient | AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R | 93788 | \$92.90 | \$91.04 | \$91.97 | \$85.75 | \$91.04 |
| Electroencephalography | Inpatient/Outpatient | NEEDLE EMG ANAL/URETHRAL SPHINCTER | 51785 | \$285.54 | \$279.83 | \$282.68 | \$263.55 | \$279.83 |
| Electroencephalography | Inpatient/Outpatient | AUDITORY EP - COMPREHENSIVE | 92585 | \$51.40 | \$50.37 | \$50.89 | \$47.44 | \$50.37 |
| Electroencephalography | Inpatient/Outpatient | EEG CONT REC W/VID EEG TECH | 95700 | \$856.61 | \$839.48 | \$848.04 | \$790.65 | \$839.48 |
| Electroencephalography | Inpatient/Outpatient | EEG W/O VID 2-12 HR UNMNTR | 95705 | \$114.21 | \$111.93 | \$113.07 | \$105.42 | \$111.93 |
| Electroencephalography | Inpatient/Outpatient | EEG W/O VID 2-12HR INTMT MNTR | 95706 | \$114.21 | \$111.93 | \$113.07 | \$105.42 | \$111.93 |
| Electroencephalography | Inpatient/Outpatient | EEG W/O VID EA 12-26HR UNMNTR | 95708 | \$114.21 | \$111.93 | \$113.07 | \$105.42 | \$111.93 |
| Electroencephalography | Inpatient/Outpatient | EEG W/O VID EA 12-26HR INTMT | 95709 | \$1,085.04 | \$1,063.34 | \$1,074.19 | \$1,001.49 | \$1,063.34 |
| Electroencephalography | Inpatient/Outpatient | VEEG 2-12 HR UNMONITORED | 95711 | \$1,085.04 | \$1,063.34 | \$1,074.19 | \$1,001.49 | \$1,063.34 |
| Electroencephalography | Inpatient/Outpatient | VEEG 2-12 HR INTMT MNTR | 95712 | \$114.21 | \$111.93 | \$113.07 | \$105.42 | \$111.93 |
| Electroencephalography | Inpatient/Outpatient | VEEG EA 12-26 HR UNMNTR | 95714 | \$1,085.04 | \$1,063.34 | \$1,074.19 | \$1,001.49 | \$1,063.34 |
| Electroencephalography | Inpatient/Outpatient | VEEG EA 12-26HR INTMT MNTR | 95715 | \$1,085.04 | \$1,063.34 | \$1,074.19 | \$1,001.49 | \$1,063.34 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDED | 95782 | \$1,433.39 | \$1,404.72 | \$1,419.06 | \$1,323.02 | \$1,404.72 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDED, <7 HRS | 95782 | \$1,433.39 | \$1,404.72 | \$1,419.06 | \$1,323.02 | \$1,404.72 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDED | 95783 | \$1,627.56 | \$1,595.01 | \$1,611.28 | \$1,502.24 | \$1,595.01 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDED, <7 HRS | 95783 | \$1,627.56 | \$1,595.01 | \$1,611.28 | \$1,502.24 | \$1,595.01 |
| Electroencephalography | Inpatient/Outpatient | MSLT/MWT, GLOBAL | 95805 | \$588.20 | \$576.44 | \$582.32 | \$542.91 | \$576.44 |
| Electroencephalography | Inpatient/Outpatient | MSLT/MWT, GLOBAL, <4 NAP OPPORTUNITIES | 95805 | \$588.20 | \$576.44 | \$582.32 | \$542.91 | \$576.44 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDED | 95810 | \$799.50 | \$783.51 | \$791.51 | \$737.94 | \$783.51 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDED, <6 HRS | 95810 | \$799.50 | \$783.51 | \$791.51 | \$737.94 | \$783.51 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDED | 95811 | \$845.19 | \$828.29 | \$836.74 | \$780.11 | \$828.29 |
| Electroencephalography | Inpatient/Outpatient | POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDED, <6 HRS | 95811 | \$845.19 | \$828.29 | \$836.74 | \$780.11 | \$828.29 |

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|------------------------|----------------------|-------------------------------------------------------|-------|------------|------------|------------|------------|------------|
| Electroencephalography | Inpatient/Outpatient | EEG 41-60 MINUTES | 95812 | \$428.30 | \$419.73 | \$424.02 | \$395.32 | \$419.73 |
| Electroencephalography | Inpatient/Outpatient | EEG EXTND MNTR 61-119 MIN | 95813 | \$513.97 | \$503.69 | \$508.83 | \$474.39 | \$503.69 |
| Electroencephalography | Inpatient/Outpatient | EEG AWAKE AND DROWSY | 95816 | \$485.41 | \$475.70 | \$480.56 | \$448.03 | \$475.70 |
| Electroencephalography | Inpatient/Outpatient | EEG AWAKE & DROWSY-REDUCD SERV | 95816 | \$485.41 | \$475.70 | \$480.56 | \$448.03 | \$475.70 |
| Electroencephalography | Inpatient/Outpatient | EEG AWAKE AND ASLEEP | 95819 | \$576.78 | \$565.24 | \$571.01 | \$532.37 | \$565.24 |
| Electroencephalography | Inpatient/Outpatient | EEG AWAKE & ASLEEP-REDUCD SERV | 95819 | \$576.78 | \$565.24 | \$571.01 | \$532.37 | \$565.24 |
| Electroencephalography | Inpatient/Outpatient | EEG ASLEEP ONLY OR COMA | 95822 | \$508.25 | \$498.09 | \$503.17 | \$469.11 | \$498.09 |
| Electroencephalography | Inpatient/Outpatient | EEG ASLEEP ONLY OR COMA-REDUCD | 95822 | \$508.25 | \$498.09 | \$503.17 | \$469.11 | \$498.09 |
| Electroencephalography | Inpatient/Outpatient | EEG, CEREBRAL SILENCE, EVAL | 95824 | \$228.43 | \$223.86 | \$226.15 | \$210.84 | \$223.86 |
| Electroencephalography | Inpatient/Outpatient | NEEDLE EMG TWO EXTREMITIES | 95861 | \$148.48 | \$145.51 | \$147.00 | \$137.05 | \$145.51 |
| Electroencephalography | Inpatient/Outpatient | EMG, CRANIAL NERVE UNILATERAL | 95867 | \$85.66 | \$83.95 | \$84.80 | \$79.06 | \$83.95 |
| Electroencephalography | Inpatient/Outpatient | MUSCLE TEST NONPARASPINAL 1 EXTREMITY | 95870 | \$114.21 | \$111.93 | \$113.07 | \$105.42 | \$111.93 |
| Electroencephalography | Inpatient/Outpatient | MUSC TEST DONE W/N TEST COMP, EA EXTREMITY | 95886 | \$74.24 | \$72.76 | \$73.50 | \$68.52 | \$72.76 |
| Electroencephalography | Inpatient/Outpatient | MUSC TST DONE W/N TST NONEXT | 95887 | \$68.53 | \$67.16 | \$67.84 | \$63.25 | \$67.16 |
| Electroencephalography | Inpatient/Outpatient | MUSC TST DONE W/N TST NONEXT | 95887 | \$68.53 | \$67.16 | \$67.84 | \$63.25 | \$67.16 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 1-2 STUDIES | 95907 | \$68.53 | \$67.16 | \$67.84 | \$63.25 | \$67.16 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 3-4 STUDIES | 95908 | \$91.37 | \$89.54 | \$90.46 | \$84.33 | \$89.54 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 5-6 STUDIES | 95909 | \$108.50 | \$106.33 | \$107.42 | \$100.15 | \$106.33 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 7-8 STUDIES | 95910 | \$142.77 | \$139.91 | \$141.34 | \$131.78 | \$139.91 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 9-10 STUDIES | 95911 | \$159.90 | \$156.70 | \$158.30 | \$147.59 | \$156.70 |
| Electroencephalography | Inpatient/Outpatient | NERVE CNDJ TST 11-12 STUDIES | 95912 | \$159.90 | \$156.70 | \$158.30 | \$147.59 | \$156.70 |
| Electroencephalography | Inpatient/Outpatient | EP BASELINE UPPER | 95925 | \$177.03 | \$173.49 | \$175.26 | \$163.40 | \$173.49 |
| Electroencephalography | Inpatient/Outpatient | EP BASELINE LOWER | 95926 | \$171.32 | \$167.89 | \$169.61 | \$158.13 | \$167.89 |
| Electroencephalography | Inpatient/Outpatient | NEUROMUSCULAR JUNCTION TEST EA NERVE, ANY METHOD | 95937 | \$74.24 | \$72.76 | \$73.50 | \$68.52 | \$72.76 |
| Electroencephalography | Inpatient/Outpatient | SOMATOSENSORY TESTING UP&LWR LIMBS | 95938 | \$473.99 | \$464.51 | \$469.25 | \$437.49 | \$464.51 |
| Electroencephalography | Inpatient/Outpatient | C MOTOR EVOKED UP&LWR LIMBS | 95939 | \$616.76 | \$604.42 | \$610.59 | \$569.27 | \$604.42 |
| Electroencephalography | Inpatient/Outpatient | IONM REMOTE/>1 PT OR PER HR | 95941 | \$17.13 | \$16.79 | \$16.96 | \$15.81 | \$16.79 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16/> CH EEG, EA 24 HRS | 95951 | \$456.86 | \$447.72 | \$452.29 | \$421.68 | \$447.72 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16/> CH EEG, REDUCED | 95951 | \$456.86 | \$447.72 | \$452.29 | \$421.68 | \$447.72 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16/> CH EEG, EA 24 HRS | 95951 | \$1,941.65 | \$1,902.82 | \$1,922.23 | \$1,792.14 | \$1,902.82 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16/> CH EEG, REDUCED | 95951 | \$1,941.65 | \$1,902.82 | \$1,922.23 | \$1,792.14 | \$1,902.82 |
| Electroencephalography | Inpatient/Outpatient | CEREBR SEIZURE PORT 16 CH EEG, EA 24 HRS | 95953 | \$416.88 | \$408.54 | \$412.71 | \$384.78 | \$408.54 |
| Electroencephalography | Inpatient/Outpatient | CEREBR SEIZURE PORT 16 CH EEG, REDUCED | 95953 | \$416.88 | \$408.54 | \$412.71 | \$384.78 | \$408.54 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16 CH EEG, EA 24 HRS, ATTENDEC | 95956 | \$2,307.13 | \$2,260.99 | \$2,284.06 | \$2,129.48 | \$2,260.99 |
| Electroencephalography | Inpatient/Outpatient | MONITOR CEREBR SEIZURE 16 CH EEG, ATTENDED, REDUCED | 95956 | \$2,307.13 | \$2,260.99 | \$2,284.06 | \$2,129.48 | \$2,260.99 |
| Radiology-Diagnostic | Inpatient/Outpatient | MANDIBLE PARTL LESS THAN 4 VWS | 70100 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | MANDIBLE 4VIEWS | 70110 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | FACIAL BONES, LESS 3 VIEWS | 70140 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | HC FACIAL BONES COMPLETE | 70150 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | NASAL BONES COMPLETE | 70160 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | ORBITS COMP 4 VIEWS | 70200 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | SINUS PARA LESS 3 VIEWS | 70210 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | SINUS, PARA 3 VIEWS | 70220 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | SKULL LESS THAN 4 VIEWS | 70250 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | SKULL COMP MIN 4 VIEWS | 70260 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | TEMPMAND JNT, OPN&CLSD MOUTH UNILATERAL | 70328 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | TMJ JOINT - BILATERAL | 70330 | \$192.02 | \$188.18 | \$190.10 | \$177.23 | \$188.18 |
| Radiology-Diagnostic | Inpatient/Outpatient | NECK SOFT TISSUE | 70360 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST 1 VIEW | 71010 | \$76.81 | \$75.27 | \$76.04 | \$70.90 | \$75.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST 2 VIEWS | 71020 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST, FRONT&LAT W/ APICAL LORDOTIC PROC | 71021 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST, FRONT&LAT W/ OBLIQUE PROJECTIONS | 71022 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST, FRONT&LAT WITH FLUOROSCOPY | 71023 | \$230.43 | \$225.82 | \$228.13 | \$212.69 | \$225.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST, COMPLETE MIN OF 4 VIEWS | 71030 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST, COMPLETE MIN OF 4 VIEWS W/FLUORO | 71034 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | CHEST SPEC VIEWS, LAT DECUB, BUCKY | 71035 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM CHEST 1 VIEW | 71045 | \$57.61 | \$56.46 | \$57.03 | \$53.17 | \$56.46 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM CHEST 2 VIEWS | 71046 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM CHEST 3 VIEWS | 71047 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM CHEST 4+ VIEWS | 71048 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | RIBS UNILATERAL 2 VIEWS | 71100 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | RIBS UNILATERAL, W PA CHEST, 3 VIEWS | 71101 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | RIBS BILATERAL 3 VIEWS | 71110 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | BILAT RIBS INCL POST ANT CHEST, 4 VIEWS | 71111 | \$172.82 | \$169.36 | \$171.09 | \$159.51 | \$169.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | STERNUM 2 VIEWS | 71120 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | STERNOCLAVICULAR JOINT(S) 3 VIEWS | 71130 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE 1 VIEW | 72020 | \$76.81 | \$75.27 | \$76.04 | \$70.90 | \$75.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE CERVICAL 2 OR 3 VIEWS | 72040 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE-CERVICAL MIN 4 VIEWS | 72050 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |

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|----------------------|----------------------|----------------------------------------------|-------|------------|------------|------------|------------|------------|
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE CERVICAL W FLEX + EXT | 72052 | \$211.22 | \$207.00 | \$209.11 | \$194.96 | \$207.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE THOR 2 VIEWS | 72070 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | THOR SPINE WITH SWIM VIEW | 72072 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | T SPINE MIN 4 VIEWS | 72074 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | THORACOLUMBAR SPINE | 72080 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE LUMBAR TWO/THREE VIEWS | 72100 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE LUMBAR COMP MIN 4 VIEWS | 72110 | \$172.82 | \$169.36 | \$171.09 | \$159.51 | \$169.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE LUMBOSACRAL COMP W/BEND | 72114 | \$249.63 | \$244.64 | \$247.13 | \$230.41 | \$244.64 |
| Radiology-Diagnostic | Inpatient/Outpatient | SPINE LUMBOSACRAL BEND VW ONLY | 72120 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | PELVIS 1 OR 2 VIEWS | 72170 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | PELVIS COMPLETE 3 VIEWS | 72190 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | SACROILIAC JOINTS 1-2 VIEWS | 72200 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | SACRAL JOINTS 3 VIEWS | 72202 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | SACRUM/COCCYX 2 VIEWS | 72220 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | CLAVICLE, COMPLETE | 73000 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | SCAPULA COMPLETE | 73010 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | SHOULDER ONE VIEW | 73020 | \$76.81 | \$75.27 | \$76.04 | \$70.90 | \$75.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | SHOULDER COMPLETE, MIN OF 2 VIEWS | 73030 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | ACROMIOCLAVICULAR JOINTS | 73050 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | HC HUMERUS, MIN OF 2 VIEWS | 73060 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | ELBOW 2 VIEWS | 73070 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | ELBOW COMPLETE, MIN OF 3 VIEWS | 73080 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | FOREARM, TWO VIEWS | 73090 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | UPPER EXTREMITY, INFANT, MIN OF 2 VIEWS | 73092 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | WRIST, TWO VIEWS | 73100 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | WRIST, COMPLETE, MIN OF 3 VIEWS | 73110 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | HAND, 2 VIEWS | 73120 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | HAND 1 VIEW | 73120 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | HAND, MIN OF 3 VIEWS | 73130 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | FINGER(S), MIN OF 2 VIEWS | 73140 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM HIP UNI 1 VIEW | 73501 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM HIP UNI 2-3 VIEWS | 73502 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM HIPS BI 2 VIEWS | 73521 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM HIPS BI 3-4 VIEWS | 73522 | \$172.82 | \$169.36 | \$171.09 | \$159.51 | \$169.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM HIPS BI 5/> VIEWS | 73523 | \$211.22 | \$207.00 | \$209.11 | \$194.96 | \$207.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM OF FEMUR 1 | 73551 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM OF FEMUR 2/> | 73552 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | KNEE, ONE OR TWO VIEWS | 73560 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | HC KNEE, THREE VIEWS | 73562 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | KNEE, COMPLETE, 4 OR MORE VIEWS | 73564 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | BOTH KNEES, STANDING ANTEROPOSTERIOR | 73565 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | TIBIA & FIBULA, TWO VIEWS | 73590 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | LOWER EXTREMITY, INFANT, MIN OF 2 VIEWS | 73592 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | ANKLE, TWO VIEWS | 73600 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | ANKLE, COMPLETE, MIN OF 3 VIEWS | 73610 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | FOOT, TWO VIEWS | 73620 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | FOOT, COMPLETE, MIN OF 3 VIEWS | 73630 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | CALCANEUS, MIN OF TWO VIEWS | 73650 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | TOE(S), MINIMUM OF TWO VIEWS | 73660 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | ABDOMEN, SINGLE AP VIEW | 74000 | \$76.81 | \$75.27 | \$76.04 | \$70.90 | \$75.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | ABDOMEN, AP & OBLIQUE & CONE VIEWS | 74010 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM ABDOMEN 1 VIEW | 74018 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM ABDOMEN 2 VIEWS | 74019 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | ABDOMEN , COMP, INCLD DECUB &/OR ERECT VIEWS | 74020 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM ABDOMEN 3+ VIEWS | 74021 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY EXAM COMPLETE ABDOMEN | 74022 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM ESOPHAGUS 1CNTRST | 74220 | \$345.64 | \$338.73 | \$342.18 | \$319.03 | \$338.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM SWLNG FUNCJ C+ | 74230 | \$537.66 | \$526.91 | \$532.28 | \$496.26 | \$526.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM UPR GI TRC 1CNTRST | 74240 | \$422.45 | \$414.00 | \$418.23 | \$389.92 | \$414.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | UPPER GI W/KUB | 74241 | \$441.65 | \$432.82 | \$437.23 | \$407.64 | \$432.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | UPPER GI & SMALL BOWEL | 74250 | \$672.08 | \$658.64 | \$665.36 | \$620.33 | \$658.64 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM UPR GI TRC 2CNTRST | 74246 | \$499.26 | \$489.27 | \$494.27 | \$460.82 | \$489.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | UPPER GI W AIR W KUB | 74247 | \$576.07 | \$564.55 | \$570.31 | \$531.71 | \$564.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | RAD SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | \$249.63 | \$244.64 | \$247.13 | \$230.41 | \$244.64 |
| Radiology-Diagnostic | Inpatient/Outpatient | UPPER GI W AIR W SMALL BOWEL | 74249 | \$748.89 | \$733.91 | \$741.40 | \$691.23 | \$733.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM SM INT 1CNTRST STD | 74250 | \$422.45 | \$414.00 | \$418.23 | \$389.92 | \$414.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM SM INT 2CNTRST STD | 74251 | \$2,073.84 | \$2,032.36 | \$2,053.10 | \$1,914.15 | \$2,032.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM COLON 1CNTRST STD | 74270 | \$614.47 | \$602.18 | \$608.33 | \$567.16 | \$602.18 |
| Radiology-Diagnostic | Inpatient/Outpatient | X-RAY XM COLON 2CNTRST STD | 74280 | \$883.30 | \$865.63 | \$874.47 | \$815.29 | \$865.63 |

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| Radiology-Diagnostic | Inpatient/Outpatient | BARIUM ENEMA,CNTRST/AIR, FOR OBSTR REDUCT | 74283 | \$576.07 | \$564.55 | \$570.31 | \$531.71 | \$564.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | UROGRAPHY, INFUSION, DRIP TECHNIQUE | 74410 | \$460.85 | \$451.63 | \$456.24 | \$425.36 | \$451.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | UROGRAPHY, RETROGRADE, W OR WO KUB | 74420 | \$595.27 | \$583.36 | \$589.32 | \$549.43 | \$583.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | FLUOROSCOPY, UP TO 1 HOUR PHYS TIME | 76000 | \$211.22 | \$207.00 | \$209.11 | \$194.96 | \$207.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | FOREIGN BODY, SINGLE VIEW CHILD | 76010 | \$96.01 | \$94.09 | \$95.05 | \$88.62 | \$94.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | ABSCESS, FISTULA OR SINUS TRACT STUDY | 76080 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | SURGICAL SPECIMEN RADIOGRAPHY | 76098 | \$38.40 | \$37.63 | \$38.02 | \$35.44 | \$37.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | ECHOENCEPHALOGRAPHY | 76506 | \$460.85 | \$451.63 | \$456.24 | \$425.36 | \$451.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, SOFT TISSUES OF HEAD & NECK | 76536 | \$480.06 | \$470.46 | \$475.26 | \$443.10 | \$470.46 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, CHEST (INCLUDES MEDIASTINUM) | 76604 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | ULTRASOUND BREAST COMPLETE | 76641 | \$384.05 | \$376.37 | \$380.21 | \$354.48 | \$376.37 |
| Radiology-Diagnostic | Inpatient/Outpatient | ULTRASOUND BREAST LIMITED | 76642 | \$288.03 | \$282.27 | \$285.15 | \$265.85 | \$282.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, ABDOMINAL, COMPLETE | 76700 | \$441.65 | \$432.82 | \$437.23 | \$407.64 | \$432.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, ABDOMINAL, LIMITED OR FOLLOW UP | 76705 | \$345.64 | \$338.73 | \$342.18 | \$319.03 | \$338.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, RETROPERITONEAL, COMPLETE | 76770 | \$422.45 | \$414.00 | \$418.23 | \$389.92 | \$414.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, RETROPERITONEAL, LIMITED | 76775 | \$153.62 | \$150.55 | \$152.08 | \$141.79 | \$150.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, TRANSPLANTED KIDNEY | 76776 | \$652.88 | \$639.82 | \$646.35 | \$602.61 | \$639.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, SPINAL CANAL & CONTENTS | 76800 | \$441.65 | \$432.82 | \$437.23 | \$407.64 | \$432.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, 1ST TRIMSTR (<14 WKS 0 DAYS) | 76801 | \$403.25 | \$395.19 | \$399.22 | \$372.20 | \$395.19 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS ADDTNL GEST <14WKS | 76802 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, AFTER 1ST TRIMSTR (>14 WKS 0 DAYS) | 76805 | \$499.26 | \$489.27 | \$494.27 | \$460.82 | \$489.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, AFTER 1ST TRIMSTR ADD GEST (>14 WKS 0 DAYS) | 76810 | \$230.43 | \$225.82 | \$228.13 | \$212.69 | \$225.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, FETAL ANATOMIC EXAM | 76811 | \$460.85 | \$451.63 | \$456.24 | \$425.36 | \$451.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, EA ADD GEST FETAL ANATOMIC | 76812 | \$614.47 | \$602.18 | \$608.33 | \$567.16 | \$602.18 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, LIMITED 1 OR MORE | 76815 | \$288.03 | \$282.27 | \$285.15 | \$265.85 | \$282.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PREG UTERUS, TRANSVAGINAL | 76817 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | FETAL BIOPHYSICAL PROFILE W/NON-STRESS TEST | 76818 | \$384.05 | \$376.37 | \$380.21 | \$354.48 | \$376.37 |
| Radiology-Diagnostic | Inpatient/Outpatient | FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TEST | 76819 | \$268.83 | \$263.45 | \$266.14 | \$248.13 | \$263.45 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, TRANSVAGINAL | 76830 | \$480.06 | \$470.46 | \$475.26 | \$443.10 | \$470.46 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PELVIC COMPLETE | 76856 | \$403.25 | \$395.19 | \$399.22 | \$372.20 | \$395.19 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, PELVIC, LIMITED OR FOLLOW-UP | 76857 | \$134.42 | \$131.73 | \$133.08 | \$124.07 | \$131.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, SCROTUM AND CONTENTS | 76870 | \$192.02 | \$188.18 | \$190.10 | \$177.23 | \$188.18 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, TRANSRECTAL | 76872 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, LIMITED JNT OR OTHR NONVASC EXTREMITY | 76882 | \$57.61 | \$56.46 | \$57.03 | \$53.17 | \$56.46 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, INFANT HIPS, DYNAMIC | 76885 | \$595.27 | \$583.36 | \$589.32 | \$549.43 | \$583.36 |
| Radiology-Diagnostic | Inpatient/Outpatient | US, INFANT HIPS, LIMITED, STATIC | 76886 | \$422.45 | \$414.00 | \$418.23 | \$389.92 | \$414.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | US STUDY FOLLOW-UP | 76970 | \$403.25 | \$395.19 | \$399.22 | \$372.20 | \$395.19 |
| Radiology-Diagnostic | Inpatient/Outpatient | ULTRASONIC GUIDANCE, INTRAOPERATIVE | 76998 | \$211.22 | \$207.00 | \$209.11 | \$194.96 | \$207.00 |
| Radiology-Diagnostic | Inpatient/Outpatient | BONE AGE STUDIES | 77072 | \$76.81 | \$75.27 | \$76.04 | \$70.90 | \$75.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | BONE LENGTH STUDIES | 77073 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | OSSEOUS SURVEY, LIMITED | 77074 | \$230.43 | \$225.82 | \$228.13 | \$212.69 | \$225.82 |
| Radiology-Diagnostic | Inpatient/Outpatient | OSSEOUS SURVEY, COMPLETE | 77075 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | OSSEOUS SURVEY, INFANT | 77076 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | JOINT SURV SING,2 OR MORE JNTS | 77077 | \$115.21 | \$112.91 | \$114.06 | \$106.34 | \$112.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN EXTRCRANL ART, COMP BILAT | 93880 | \$883.30 | \$865.63 | \$874.47 | \$815.29 | \$865.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN EXTRCRANL ART, UNILAT/LMTD | 93882 | \$556.87 | \$545.73 | \$551.30 | \$513.99 | \$545.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 1-2 LEVELS | 93922 | \$403.25 | \$395.19 | \$399.22 | \$372.20 | \$395.19 |
| Radiology-Diagnostic | Inpatient/Outpatient | US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 3+ LEVELS | 93923 | \$614.47 | \$602.18 | \$608.33 | \$567.16 | \$602.18 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN LWR EXTREMITY ART, COMP BILAT | 93925 | \$1,190.54 | \$1,166.73 | \$1,178.63 | \$1,098.87 | \$1,166.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN LWR EXTREMITY ART, UNILAT/LMTD | 93926 | \$691.28 | \$677.45 | \$684.37 | \$638.05 | \$677.45 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN UPPER EXTRMITY ART, COMP BILAT | 93930 | \$902.51 | \$884.46 | \$893.48 | \$833.02 | \$884.46 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN UPPER EXTRMITY ART, UNILAT/LMTD | 93931 | \$556.87 | \$545.73 | \$551.30 | \$513.99 | \$545.73 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN EXTREMITY VEIN, COMPLETE BILATER | 93970 | \$883.30 | \$865.63 | \$874.47 | \$815.29 | \$865.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN EXTREMITY VEIN,VESSEL MAP DIALYSIS ACCESS | 93970 | \$883.30 | \$865.63 | \$874.47 | \$815.29 | \$865.63 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN EXTREMITY VEIN, UNILAT/LMTD | 93971 | \$537.66 | \$526.91 | \$532.28 | \$496.26 | \$526.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN ART INFLW & VEN OUTFLW COMP | 93975 | \$1,209.74 | \$1,185.55 | \$1,197.64 | \$1,116.59 | \$1,185.55 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN ART INFLW & VEN OUTFLW LMTD | 93976 | \$672.08 | \$658.64 | \$665.36 | \$620.33 | \$658.64 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN OF AORTA, IVC, ILIAC, COMPLETE | 93978 | \$825.70 | \$809.19 | \$817.44 | \$762.12 | \$809.19 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN OF AORTA, IVC, ILIAC, UNILAT/LMTD | 93979 | \$518.46 | \$508.09 | \$513.28 | \$478.54 | \$508.09 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN ART INFLW & VEN OUTFLW, PENILE COMP | 93980 | \$326.44 | \$319.91 | \$323.18 | \$301.30 | \$319.91 |
| Radiology-Diagnostic | Inpatient/Outpatient | DUPLEX SCAN ART INFLW & VEN OUTFLW, PENILE FU/LMTD | 93981 | \$288.03 | \$282.27 | \$285.15 | \$265.85 | \$282.27 |
| Radiology-Diagnostic | Inpatient/Outpatient | HC DUPLEX SCAN HEMODIALYSIS ACCESS | 93990 | \$729.69 | \$715.10 | \$722.39 | \$673.50 | \$715.10 |
| CT Scanner | Inpatient/Outpatient | CT - HEAD/BRAIN W/O CONTRAST | 70450 | \$59.66 | \$58.47 | \$59.06 | \$55.07 | \$58.47 |
| CT Scanner | Inpatient/Outpatient | CT - HEAD/BRAIN W/ CONTRAST | 70460 | \$85.24 | \$83.54 | \$84.39 | \$78.68 | \$83.54 |
| CT Scanner | Inpatient/Outpatient | CT - HEAD/BRAIN W/ & W/O CONTRAST | 70470 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT - ORBIT SELLA MID/INNER EAR W/O CONT | 70480 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT - ORBIT SELLA MID/INNER EAR W/ CONTR | 70481 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT - ORBIT SELLA MID/INNER EAR W/ & W/O | 70482 | \$181.84 | \$178.20 | \$180.02 | \$167.84 | \$178.20 |
| CT Scanner | Inpatient/Outpatient | CT MAXILLOFACIAL AREA W/O CONTRAST | 70486 | \$76.71 | \$75.18 | \$75.94 | \$70.80 | \$75.18 |

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| CT Scanner | Inpatient/Outpatient | CT MAXILLOFACIAL AREA W/ CONTRAST | 70487 | \$88.08 | \$86.32 | \$87.20 | \$81.30 | \$86.32 |
| CT Scanner | Inpatient/Outpatient | CT MAXILLOFACIAL AREA W/ & W/O CONTRAST | 70488 | \$113.65 | \$111.38 | \$112.51 | \$104.90 | \$111.38 |
| CT Scanner | Inpatient/Outpatient | CT SOFT TISSUE NECK W/O CONTRAST | 70490 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT SOFT TISSUE NECK W/ CONTRAST | 70491 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT SOFT TISSUE NECK W&W/O CONTRAST | 70492 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT ANGIOGRAPHY HEAD | 70496 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT ANGIOGRAPHY NECK | 70498 | \$161.95 | \$158.71 | \$160.33 | \$149.48 | \$158.71 |
| CT Scanner | Inpatient/Outpatient | CT THORAX, DIAG; W/O CONTRAST | 71250 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT THORAX, DIAG; W/CONTRAST | 71260 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT THORAX; DIAG; W/ & W/O CONTRAST | 71270 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT ANGIOGRAPHY CHEST | 71275 | \$167.63 | \$164.28 | \$165.95 | \$154.72 | \$164.28 |
| CT Scanner | Inpatient/Outpatient | CT CERV SPINE W/O CONTR | 72125 | \$105.12 | \$103.02 | \$104.07 | \$97.03 | \$103.02 |
| CT Scanner | Inpatient/Outpatient | CT CERV SPINE W/ CONTR | 72126 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT CERV SPINE W/ & W/O CONTR | 72127 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT THORACIC SPINE W/O CONTR | 72128 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT THORACIC SPINE W/ CONTR | 72129 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT THORACIC SPINE W/ & W/O CONTR | 72130 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT L SPINE W/O CONTRAST | 72131 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT L SPINE W/ CONTRAST | 72132 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT L SPINE W/ & W/O CONTRAST | 72133 | \$164.79 | \$161.49 | \$163.14 | \$152.10 | \$161.49 |
| CT Scanner | Inpatient/Outpatient | CT ANGIOGRAPHY PELV W/O & W/ DYE | 72191 | \$170.47 | \$167.06 | \$168.77 | \$157.34 | \$167.06 |
| CT Scanner | Inpatient/Outpatient | CT PELVIS W/O CONTRAST | 72192 | \$73.87 | \$72.39 | \$73.13 | \$68.18 | \$72.39 |
| CT Scanner | Inpatient/Outpatient | CT PELVIS W/ CONTRAST | 72193 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT PELVIS W/ & W/O CONTRAST | 72194 | \$159.11 | \$155.93 | \$157.52 | \$146.86 | \$155.93 |
| CT Scanner | Inpatient/Outpatient | CT UPPER EXTREM W/O CONTRAST | 73200 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT UPPER EXTREM W/ CONTRAST | 73201 | \$130.69 | \$128.08 | \$129.38 | \$120.63 | \$128.08 |
| CT Scanner | Inpatient/Outpatient | CT UPPER EXTREM W/ & W/O CONTRAST | 73202 | \$173.31 | \$169.84 | \$171.58 | \$159.97 | \$169.84 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO UPR EXTRM W/O & W/ DYE | 73206 | \$190.36 | \$186.55 | \$188.46 | \$175.70 | \$186.55 |
| CT Scanner | Inpatient/Outpatient | CT LOWER EXTREM W/O CONTRAST | 73700 | \$102.28 | \$100.23 | \$101.26 | \$94.40 | \$100.23 |
| CT Scanner | Inpatient/Outpatient | CT LOWER EXTREM W/ CONTRAST | 73701 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT LOWER EXTREM W/ & W/O CONTRAST | 73702 | \$170.47 | \$167.06 | \$168.77 | \$157.34 | \$167.06 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO LOWER EXTREMITY | 73706 | \$207.41 | \$203.26 | \$205.34 | \$191.44 | \$203.26 |
| CT Scanner | Inpatient/Outpatient | CT ABDOMEN W/O CONTRAST | 74150 | \$71.03 | \$69.61 | \$70.32 | \$65.56 | \$69.61 |
| CT Scanner | Inpatient/Outpatient | CT ABDOMEN W/ CONTRAST | 74160 | \$133.54 | \$130.87 | \$132.20 | \$123.26 | \$130.87 |
| CT Scanner | Inpatient/Outpatient | CT ABDOMEN W/ & W/O CONTRAST | 74170 | \$153.42 | \$150.35 | \$151.89 | \$141.61 | \$150.35 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO ABD & PELV W/O & W/ DYE | 74174 | \$221.61 | \$217.18 | \$219.39 | \$204.55 | \$217.18 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO ABDOMEN W/O & W/ DYE | 74175 | \$173.31 | \$169.84 | \$171.58 | \$159.97 | \$169.84 |
| CT Scanner | Inpatient/Outpatient | CT ABD & PELV W/O CONTRAST | 74176 | \$90.92 | \$89.10 | \$90.01 | \$83.92 | \$89.10 |
| CT Scanner | Inpatient/Outpatient | CT ABD & PELV W/ CONTRAST | 74177 | \$176.15 | \$172.63 | \$174.39 | \$162.59 | \$172.63 |
| CT Scanner | Inpatient/Outpatient | CT ABD & PELV W/ & W/O CONTRAST | 74178 | \$201.72 | \$197.69 | \$199.70 | \$186.19 | \$197.69 |
| CT Scanner | Inpatient/Outpatient | CT HEART W/O CONT W/ QUANT EVAL OF CORONARY CALCIUM | 75571 | \$56.82 | \$55.68 | \$56.25 | \$52.44 | \$55.68 |
| CT Scanner | Inpatient/Outpatient | CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH | 75572 | \$156.27 | \$153.14 | \$154.71 | \$144.24 | \$153.14 |
| CT Scanner | Inpatient/Outpatient | CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH, CONGEN | 75573 | \$210.25 | \$206.05 | \$208.15 | \$194.06 | \$206.05 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO HRT W/3D IMAGE | 75574 | \$241.50 | \$236.67 | \$239.09 | \$222.90 | \$236.67 |
| CT Scanner | Inpatient/Outpatient | CT ANGIO AORTA W/ RUNOFF | 75635 | \$210.25 | \$206.05 | \$208.15 | \$194.06 | \$206.05 |
| CT Scanner | Inpatient/Outpatient | ABSCESS, FISTULA OR SINUS TRACT STUDY | 76080 | \$22.73 | \$22.28 | \$22.50 | \$20.98 | \$22.28 |
| CT Scanner | Inpatient/Outpatient | 3D RENDERING OF CT | 76376 | \$11.36 | \$11.13 | \$11.25 | \$10.49 | \$11.13 |
| CT Scanner | Inpatient/Outpatient | CT LIMITED OR F/U STUDY | 76380 | \$76.71 | \$75.18 | \$75.94 | \$70.80 | \$75.18 |
| CT Scanner | Inpatient/Outpatient | CT SCAN CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE ME | G1004 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Respiratory Therapy | Inpatient/Outpatient | ENDOTRACHEAL INTUBATION/ASSIST | 31500 | \$45.06 | \$44.16 | \$44.61 | \$41.59 | \$44.16 |
| Respiratory Therapy | Inpatient/Outpatient | CATHETER ASPIRATION, NASOTRACHEAL | 31720 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | ARTERIAL PUNCTURE BLOOD FOR DX | 36600 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | ARTERIAL LINE SAMPLING | 36600 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | CARDIOPULMONARY RESUSCITATION | 92950 | \$144.19 | \$141.31 | \$142.75 | \$133.09 | \$141.31 |
| Respiratory Therapy | Inpatient/Outpatient | VENT MANAGEMENT INIT DAY | 94002 | \$450.60 | \$441.59 | \$446.09 | \$415.90 | \$441.59 |
| Respiratory Therapy | Inpatient/Outpatient | VENT MANAGEMENT INIT DAY NEO | 94002 | \$540.72 | \$529.91 | \$535.31 | \$499.08 | \$529.91 |
| Respiratory Therapy | Inpatient/Outpatient | VENT MANAGEMENT SUB DAY | 94003 | \$450.60 | \$441.59 | \$446.09 | \$415.90 | \$441.59 |
| Respiratory Therapy | Inpatient/Outpatient | VENT MANAGEMENT SUB DAY NEO | 94003 | \$540.72 | \$529.91 | \$535.31 | \$499.08 | \$529.91 |
| Respiratory Therapy | Inpatient/Outpatient | SPIROMETRY | 94010 | \$45.06 | \$44.16 | \$44.61 | \$41.59 | \$44.16 |
| Respiratory Therapy | Inpatient/Outpatient | SPIROMETRY W/BRONCHODILATOR | 94060 | \$66.69 | \$65.36 | \$66.02 | \$61.55 | \$65.36 |
| Respiratory Therapy | Inpatient/Outpatient | VITAL CAPACITY | 94150 | \$32.44 | \$31.79 | \$32.12 | \$29.94 | \$31.79 |
| Respiratory Therapy | Inpatient/Outpatient | INTRAPULMONARY SURFACTANT VIA ENDOTRACH | 94610 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | HAND HELD NEBULIZER, INPATIENT | 94640 | \$865.16 | \$847.86 | \$856.51 | \$798.54 | \$847.86 |
| Respiratory Therapy | Inpatient/Outpatient | HAND HELD NEBULIZER, OUTPATIENT | 94640 | \$72.10 | \$70.66 | \$71.38 | \$66.55 | \$70.66 |
| Respiratory Therapy | Inpatient/Outpatient | AIRWAY INHALATION TREATMENT, MDI VIA VENT, INPATIENT | 94640 | \$865.16 | \$847.86 | \$856.51 | \$798.54 | \$847.86 |
| Respiratory Therapy | Inpatient/Outpatient | AIRWAY INHALATION TREATMENT, MDI VIA VENT, OUTPATIENT | 94640 | \$72.10 | \$70.66 | \$71.38 | \$66.55 | \$70.66 |
| Respiratory Therapy | Inpatient/Outpatient | MDI TREATMENT, INPATIENT | 94640 | \$865.16 | \$847.86 | \$856.51 | \$798.54 | \$847.86 |
| Respiratory Therapy | Inpatient/Outpatient | MDI TREATMENT, OUTPATIENT | 94640 | \$72.10 | \$70.66 | \$71.38 | \$66.55 | \$70.66 |
| Respiratory Therapy | Inpatient/Outpatient | IPV TREATMENT, INPATIENT | 94640 | \$865.16 | \$847.86 | \$856.51 | \$798.54 | \$847.86 |

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| Respiratory Therapy | Inpatient/Outpatient | IPV TREATMENT, OUTPATIENT | 94640 | \$72.10 | \$70.66 | \$71.38 | \$66.55 | \$70.66 |
| Respiratory Therapy | Inpatient/Outpatient | CONTINUOUS INHALATION TREATMENT, 1ST HOUR | 94644 | \$61.28 | \$60.05 | \$60.67 | \$56.56 | \$60.05 |
| Respiratory Therapy | Inpatient/Outpatient | CONTINUOUS INHALATION TREATMENT, EA ADDL HOUR | 94645 | \$50.47 | \$49.46 | \$49.97 | \$46.58 | \$49.46 |
| Respiratory Therapy | Inpatient/Outpatient | CPAP/BIPAP | 94660 | \$216.29 | \$211.96 | \$214.13 | \$199.64 | \$211.96 |
| Respiratory Therapy | Inpatient/Outpatient | DEMONSTRATION OF NEBULIZATION | 94664 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | COMP POSTURAL DRAINAGE INIT TX | 94667 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | CHEST WALL MANIP,INIT 2 POSITN | 94667 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | COMP POSTURAL DRAINAGE SUB TX | 94668 | \$45.06 | \$44.16 | \$44.61 | \$41.59 | \$44.16 |
| Respiratory Therapy | Inpatient/Outpatient | CHEST WALL MANIP, SUB 2 POSITN | 94668 | \$45.06 | \$44.16 | \$44.61 | \$41.59 | \$44.16 |
| Respiratory Therapy | Inpatient/Outpatient | "THE VEST" MECHANICAL CHES WALL OSCILLATION | 94669 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | PULSE OXIMETRY SINGLE DETERM | 94760 | \$14.42 | \$14.13 | \$14.28 | \$13.31 | \$14.13 |
| Respiratory Therapy | Inpatient/Outpatient | PULSE OXIMETRY W/EXERCISE | 94761 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | PULSE OXIMETRY CONTINUOUS | 94762 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | END TIDAL CO2 | 94770 | \$72.10 | \$70.66 | \$71.38 | \$66.55 | \$70.66 |
| Respiratory Therapy | Inpatient/Outpatient | TRACHEAL SUCTIONING | 94799 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | OXYGEN THERAPY | 94799 | \$36.05 | \$35.33 | \$35.69 | \$33.27 | \$35.33 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 0-15 MIN | 94799 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 16-30 MIN | 94799 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 31-45 MIN | 94799 | \$81.11 | \$79.49 | \$80.30 | \$74.86 | \$79.49 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 46-60 MIN | 94799 | \$108.14 | \$105.98 | \$107.06 | \$99.81 | \$105.98 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 61-75 MIN | 94799 | \$135.18 | \$132.48 | \$133.83 | \$124.77 | \$132.48 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION 76-90 MIN | 94799 | \$162.22 | \$158.98 | \$160.60 | \$149.73 | \$158.98 |
| Respiratory Therapy | Inpatient/Outpatient | MANUAL VENTILATION >90 MIN | 94799 | \$189.25 | \$185.47 | \$187.36 | \$174.68 | \$185.47 |
| Respiratory Therapy | Inpatient/Outpatient | HIGH FLOW OXYGEN THERAPY | 94799 | \$216.29 | \$211.96 | \$214.13 | \$199.64 | \$211.96 |
| Respiratory Therapy | Inpatient/Outpatient | CONTINUOUS AEROSOL | 94799 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | BEDSIDE PULMONARY MECHANICS | 94799 | \$27.04 | \$26.50 | \$26.77 | \$24.96 | \$26.50 |
| Respiratory Therapy | Inpatient/Outpatient | TRACHEOSTOMY TUBE CARE | 94799 | \$36.05 | \$35.33 | \$35.69 | \$33.27 | \$35.33 |
| Respiratory Therapy | Inpatient/Outpatient | RESPIRATORY PT ASSESSMENT | 94799 | \$36.05 | \$35.33 | \$35.69 | \$33.27 | \$35.33 |
| Respiratory Therapy | Inpatient/Outpatient | RAPID RESPONSE | 94799 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | BEDSIDE PROCEDURE ASSIST | 94799 | \$54.07 | \$52.99 | \$53.53 | \$49.91 | \$52.99 |
| Respiratory Therapy | Inpatient/Outpatient | ATTENDANCE AT DELIVERY | 99464 | \$108.14 | \$105.98 | \$107.06 | \$99.81 | \$105.98 |
| Pulmonary | Inpatient/Outpatient | SIMPLE SPIROMETRY | 94010 | \$125.65 | \$123.14 | \$124.39 | \$115.97 | \$123.14 |
| Pulmonary | Inpatient/Outpatient | SPIROMETRY WITH BRONCHODILATOR | 94060 | \$185.96 | \$182.24 | \$184.10 | \$171.64 | \$182.24 |
| Pulmonary | Inpatient/Outpatient | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION | 94200 | \$60.31 | \$59.10 | \$59.71 | \$55.67 | \$59.10 |
| Pulmonary | Inpatient/Outpatient | PULMONARY STRESS TESTING | 94618 | \$150.78 | \$147.76 | \$149.27 | \$139.17 | \$147.76 |
| Pulmonary | Inpatient/Outpatient | PULMONARY STRESS TESTING | 94618 | \$150.78 | \$147.76 | \$149.27 | \$139.17 | \$147.76 |
| Pulmonary | Inpatient/Outpatient | O2 UPTAKE DIRECT SIMPLE, EXERCISE METABOLIC RATE | 94680 | \$376.94 | \$369.40 | \$373.17 | \$347.92 | \$369.40 |
| Pulmonary | Inpatient/Outpatient | OXYGEN UPTAKE REST INDIRECT, RESTING METABOLIC RATE | 94690 | \$301.56 | \$295.53 | \$298.54 | \$278.34 | \$295.53 |
| Pulmonary | Inpatient/Outpatient | BODY PLETHYSMOGRAPHY | 94726 | \$95.49 | \$93.58 | \$94.54 | \$88.14 | \$93.58 |
| Pulmonary | Inpatient/Outpatient | NITROGEN WASHOUT W/LUNG VOL | 94727 | \$95.49 | \$93.58 | \$94.54 | \$88.14 | \$93.58 |
| Pulmonary | Inpatient/Outpatient | DIFFUSION CAPACITY | 94729 | \$100.52 | \$98.51 | \$99.51 | \$92.78 | \$98.51 |
| Pulmonary | Inpatient/Outpatient | PULMONARY COMPLIANCE, CLOSING VOLUME | 94750 | \$150.78 | \$147.76 | \$149.27 | \$139.17 | \$147.76 |
| Pulmonary | Inpatient/Outpatient | PULMONARY REHAB W/EXERCISE COPD | 97150 | \$90.47 | \$88.66 | \$89.57 | \$83.50 | \$88.66 |
| Pulmonary | Inpatient/Outpatient | RESP FCN/STRENGH 2/> INDIV NON COPD | 97150 | \$75.39 | \$73.88 | \$74.64 | \$69.58 | \$73.88 |
| Pulmonary | Inpatient/Outpatient | RESP FCN/STRENGH 2/> INDIV NON COPD | G0239 | \$75.39 | \$73.88 | \$74.64 | \$69.58 | \$73.88 |
| Pulmonary | Inpatient/Outpatient | PULMONARY REHAB W/EXERCISE COPD | G0424 | \$90.47 | \$88.66 | \$89.57 | \$83.50 | \$88.66 |
| Physical Therapy | Inpatient/Outpatient | NDL INSJ W/O NJX 1 OR 2 MUSC | 20560 | \$57.64 | \$56.49 | \$57.06 | \$53.20 | \$56.49 |
| Physical Therapy | Inpatient/Outpatient | NDL INSJ W/O NJX 3+ MUSC | 20561 | \$57.64 | \$56.49 | \$57.06 | \$53.20 | \$56.49 |
| Physical Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 8-22 MIN | 29105 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 23-37 MIN | 29105 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 38-52 MIN | 29105 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 53-67 MIN | 29105 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 8-22 MIN | 29125 | \$144.11 | \$141.23 | \$142.67 | \$133.01 | \$141.23 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 23-37 MIN | 29125 | \$288.22 | \$282.46 | \$285.34 | \$266.03 | \$282.46 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 38-52 MIN | 29125 | \$432.33 | \$423.68 | \$428.01 | \$399.04 | \$423.68 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 53-67 MIN | 29125 | \$576.44 | \$564.91 | \$570.68 | \$532.05 | \$564.91 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 8-22 MIN | 29126 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 23-37 MIN | 29126 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 38-52 MIN | 29126 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 53-67 MIN | 29126 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 8-22 MIN | 29130 | \$115.29 | \$112.98 | \$114.14 | \$106.41 | \$112.98 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 23-37 MIN | 29130 | \$230.58 | \$225.97 | \$228.27 | \$212.83 | \$225.97 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 38-52 MIN | 29130 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 53-67 MIN | 29130 | \$461.15 | \$451.93 | \$456.54 | \$425.64 | \$451.93 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 8-22 MIN | 29131 | \$144.11 | \$141.23 | \$142.67 | \$133.01 | \$141.23 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 23-37 MIN | 29131 | \$288.22 | \$282.46 | \$285.34 | \$266.03 | \$282.46 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 38-52 MIN | 29131 | \$432.33 | \$423.68 | \$428.01 | \$399.04 | \$423.68 |
| Physical Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 53-67 MIN | 29131 | \$576.44 | \$564.91 | \$570.68 | \$532.05 | \$564.91 |
| Physical Therapy | Inpatient/Outpatient | APPL LNG LEG SPLNT 8-22 MIN | 29505 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |

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|------------------|----------------------|----------------------------------------------|-------|------------|------------|------------|----------|------------|
| Physical Therapy | Inpatient/Outpatient | APPL LNG LEG SPLINT 23-37 MIN | 29505 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | APPL LNG LEG SPLINT 38-52 MIN | 29505 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | APPL LNG LEG SPLINT 53-67 MIN | 29505 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLINT 8-22 MIN | 29515 | \$144.11 | \$141.23 | \$142.67 | \$133.01 | \$141.23 |
| Physical Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLINT 23-37 MIN | 29515 | \$288.22 | \$282.46 | \$285.34 | \$266.03 | \$282.46 |
| Physical Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLINT 38-52 MIN | 29515 | \$432.33 | \$423.68 | \$428.01 | \$399.04 | \$423.68 |
| Physical Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLINT 53-67 MIN | 29515 | \$576.44 | \$564.91 | \$570.68 | \$532.05 | \$564.91 |
| Physical Therapy | Inpatient/Outpatient | STRAPPING UNNA BOOT 8-22 MIN | 29580 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | STRAPPING UNNA BOOT 23-37 MIN | 29580 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | STRAPPING UNNA BOOT 38-52 MIN | 29580 | \$259.40 | \$254.21 | \$256.81 | \$239.43 | \$254.21 |
| Physical Therapy | Inpatient/Outpatient | STRAPPING UNNA BOOT 53-67 MIN | 29580 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | BIOFEEDBACK 8-22 MIN | 90901 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | BIOFEEDBACK 23-37 MIN | 90901 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | BIOFEEDBACK PERINEAL 8-22 MIN | 90911 | \$100.88 | \$98.86 | \$99.87 | \$93.11 | \$98.86 |
| Physical Therapy | Inpatient/Outpatient | BIOFEEDBACK PERINEAL 23-37 MIN | 90911 | \$201.76 | \$197.72 | \$199.74 | \$186.22 | \$197.72 |
| Physical Therapy | Inpatient/Outpatient | BFB TRAINING W/EMG &/MANOMETRY 1ST 8-22 MIN | 90912 | \$100.88 | \$98.86 | \$99.87 | \$93.11 | \$98.86 |
| Physical Therapy | Inpatient/Outpatient | BFB TRAINING W/EMG&/MANOMETRY ADDL 8-22 MIN | 90913 | \$100.88 | \$98.86 | \$99.87 | \$93.11 | \$98.86 |
| Physical Therapy | Inpatient/Outpatient | BFB TRAINING W/EMG&/MANOMETRY ADDL 23-37 MIN | 90913 | \$201.76 | \$197.72 | \$199.74 | \$186.22 | \$197.72 |
| Physical Therapy | Inpatient/Outpatient | BIS XTRACELL FLUID ANALYSIS | 93702 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | CANALITH REPOSITIONING PROC, PER DAY | 95992 | \$201.76 | \$197.72 | \$199.74 | \$186.22 | \$197.72 |
| Physical Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP 1ST HR | 96112 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP EA ADDL HR | 96113 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | APPL MECHANICAL TRACTION 8-22 MIN | 97012 | \$57.64 | \$56.49 | \$57.06 | \$53.20 | \$56.49 |
| Physical Therapy | Inpatient/Outpatient | APPL MECHANICAL TRACTION 23-37 MIN | 97012 | \$115.29 | \$112.98 | \$114.14 | \$106.41 | \$112.98 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 8-22 MIN | 97016 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 23-37 MIN | 97016 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 38-52 MIN | 97016 | \$129.70 | \$127.11 | \$128.40 | \$119.71 | \$127.11 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 53-67 MIN | 97016 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 68-82 MIN | 97016 | \$216.17 | \$211.85 | \$214.01 | \$199.52 | \$211.85 |
| Physical Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 83-97 MIN | 97016 | \$259.40 | \$254.21 | \$256.81 | \$239.43 | \$254.21 |
| Physical Therapy | Inpatient/Outpatient | APPL PARAFFIN BATH 8-22 MIN | 97018 | \$28.82 | \$28.24 | \$28.53 | \$26.60 | \$28.24 |
| Physical Therapy | Inpatient/Outpatient | APPL FLUIDOTHERAPY EA 15 MINS | 97022 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | INFRARED THERAPY 1+ AREAS 8-22 MIN | 97026 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | INFRARED THERAPY 1+ AREAS 23-37 MIN | 97026 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | ELECTRICAL STIMULATION EA 15 MINS | 97032 | \$57.64 | \$56.49 | \$57.06 | \$53.20 | \$56.49 |
| Physical Therapy | Inpatient/Outpatient | APPL IONTOPHORESIS EA 15 MINS | 97033 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | CONTRAST BATH THERAPY EA 15 MINS | 97034 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 8-22 MINS | 97035 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 23-37 MINS | 97035 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 38-52 MINS | 97035 | \$129.70 | \$127.11 | \$128.40 | \$119.71 | \$127.11 |
| Physical Therapy | Inpatient/Outpatient | APPL FLUIDOTHERAPY EA 15 MINS | 97039 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | THERAPEUTIC EXERCISES EA 15 MINS | 97110 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | NEUROMUSCULAR REEDUCATION EA 15 MINS | 97112 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | GAIT TRAINING THERAPY EA 15 MINS | 97116 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | MANUAL THERAPY TECHNIQUES EA 15 MINS | 97140 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 8-22 MIN | 97150 | \$28.82 | \$28.24 | \$28.53 | \$26.60 | \$28.24 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 23-37 MIN | 97150 | \$57.64 | \$56.49 | \$57.06 | \$53.20 | \$56.49 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 38-52 MIN | 97150 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 53-67 MIN | 97150 | \$115.29 | \$112.98 | \$114.14 | \$106.41 | \$112.98 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 68-82 MIN | 97150 | \$144.11 | \$141.23 | \$142.67 | \$133.01 | \$141.23 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 83-97 MIN | 97150 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 98-112 MIN | 97150 | \$201.76 | \$197.72 | \$199.74 | \$186.22 | \$197.72 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 113-127 MIN | 97150 | \$230.58 | \$225.97 | \$228.27 | \$212.83 | \$225.97 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 128-142 MIN | 97150 | \$259.40 | \$254.21 | \$256.81 | \$239.43 | \$254.21 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 8-22 MIN | 97150 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 23-37 MIN | 97150 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 38-52 MIN | 97150 | \$129.70 | \$127.11 | \$128.40 | \$119.71 | \$127.11 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 53-67 MIN | 97150 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 68-82 MIN | 97150 | \$216.17 | \$211.85 | \$214.01 | \$199.52 | \$211.85 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 83-97 MIN | 97150 | \$259.40 | \$254.21 | \$256.81 | \$239.43 | \$254.21 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 98-112 MIN | 97150 | \$302.63 | \$296.58 | \$299.60 | \$279.33 | \$296.58 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 113-127 MIN | 97150 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 128-142 MIN | 97150 | \$389.10 | \$381.32 | \$385.21 | \$359.14 | \$381.32 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 08-22 MIN LOW COMPLEXITY | 97161 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 23-37 MIN LOW COMPLEXITY | 97161 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 38-52 MIN LOW COMPLEXITY | 97161 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 53-67 MIN LOW COMPLEXITY | 97161 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 68-82 MIN LOW COMPLEXITY | 97161 | \$864.67 | \$847.38 | \$856.02 | \$798.09 | \$847.38 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 83-97 MIN LOW COMPLEXITY | 97161 | \$1,037.60 | \$1,016.85 | \$1,027.22 | \$957.70 | \$1,016.85 |

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|----------------------|----------------------|------------------------------------------------|-------|------------|------------|------------|------------|------------|
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 98-112 MIN LOW COMPLEXITY | 97161 | \$1,210.53 | \$1,186.32 | \$1,198.42 | \$1,117.32 | \$1,186.32 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 08-22 MIN MODERATE COMPLEXITY | 97162 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 23-37 MIN MODERATE COMPLEXITY | 97162 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 38-52 MIN MODERATE COMPLEXITY | 97162 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 53-67 MIN MODERATE COMPLEXITY | 97162 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 68-82 MIN MODERATE COMPLEXITY | 97162 | \$864.67 | \$847.38 | \$856.02 | \$798.09 | \$847.38 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 83-97 MIN MODERATE COMPLEXITY | 97162 | \$1,037.60 | \$1,016.85 | \$1,027.22 | \$957.70 | \$1,016.85 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 98-112 MIN MODERATE COMPLEXITY | 97162 | \$1,210.53 | \$1,186.32 | \$1,198.42 | \$1,117.32 | \$1,186.32 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 08-22 MIN HIGH COMPLEXITY | 97163 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 23-37 MIN HIGH COMPLEXITY | 97163 | \$345.87 | \$338.95 | \$342.41 | \$319.24 | \$338.95 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 38-52 MIN HIGH COMPLEXITY | 97163 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 53-67 MIN HIGH COMPLEXITY | 97163 | \$691.73 | \$677.90 | \$684.81 | \$638.47 | \$677.90 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 68-82 MIN HIGH COMPLEXITY | 97163 | \$864.67 | \$847.38 | \$856.02 | \$798.09 | \$847.38 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 83-97 MIN HIGH COMPLEXITY | 97163 | \$1,037.60 | \$1,016.85 | \$1,027.22 | \$957.70 | \$1,016.85 |
| Physical Therapy | Inpatient/Outpatient | PT EVALUATION 98-112 MIN HIGH COMPLEXITY | 97163 | \$1,210.53 | \$1,186.32 | \$1,198.42 | \$1,117.32 | \$1,186.32 |
| Physical Therapy | Inpatient/Outpatient | PT RE-EVALUATION 08-22 MIN | 97164 | \$129.70 | \$127.11 | \$128.40 | \$119.71 | \$127.11 |
| Physical Therapy | Inpatient/Outpatient | PT RE-EVALUATION 23-37 MIN | 97164 | \$259.40 | \$254.21 | \$256.81 | \$239.43 | \$254.21 |
| Physical Therapy | Inpatient/Outpatient | PT RE-EVALUATION 38-52 MIN | 97164 | \$389.10 | \$381.32 | \$385.21 | \$359.14 | \$381.32 |
| Physical Therapy | Inpatient/Outpatient | PT RE-EVALUATION 53-67 MIN | 97164 | \$518.80 | \$508.42 | \$513.61 | \$478.85 | \$508.42 |
| Physical Therapy | Inpatient/Outpatient | THERAPEUTIC ACTIVITIES EA 15 MINS | 97530 | \$100.88 | \$98.86 | \$99.87 | \$93.11 | \$98.86 |
| Physical Therapy | Inpatient/Outpatient | SENSORY INTEGRATION EA 15 MINS | 97533 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | SELF CARE MNGMENT TRAINING EA 15 MINS | 97535 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | WHEELCHAIR MNGMENT TRAINING EA 15 MINS | 97542 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | WORK HARDENING INITIAL 2 HOURS | 97545 | \$576.44 | \$564.91 | \$570.68 | \$532.05 | \$564.91 |
| Physical Therapy | Inpatient/Outpatient | WORK HARDENING EA ADDTL HR | 97546 | \$288.22 | \$282.46 | \$285.34 | \$266.05 | \$282.46 |
| Physical Therapy | Inpatient/Outpatient | PHYSICAL PERFORM EA 15 MINS | 97750 | \$172.93 | \$169.47 | \$171.20 | \$159.61 | \$169.47 |
| Physical Therapy | Inpatient/Outpatient | ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS | 97760 | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Physical Therapy | Inpatient/Outpatient | PROSTHETIC TRAINING INIT ENC EA 15 MINS | 97761 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | C/O FOR ORTHOTIC/PROSTH USE EA 15 MINS | 97762 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | ORTHC/PROSTC MGMT SUB ENC EA 15 MIN | 97763 | \$72.06 | \$70.62 | \$71.34 | \$66.51 | \$70.62 |
| Physical Therapy | Inpatient/Outpatient | ESTIM UNATND NO WND CARE | G0283 | \$43.23 | \$42.37 | \$42.80 | \$39.90 | \$42.37 |
| Physical Therapy | Inpatient/Outpatient | MOBILITY CURRENT STATUS | G8978 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | MOBILITY GOAL STATUS | G8979 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | MOBILITY D/C STATUS | G8980 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | BODY POS CURRENT STATUS | G8981 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | BODY POS GOAL STATUS | G8982 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | BODY POS D/C STATUS | G8983 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | CARRY CURRENT STATUS | G8984 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | CARRY GOAL STATUS | G8985 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | CARRY D/C STATUS | G8986 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SELF CARE CURRENT STATUS | G8987 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SELF CARE GOAL STATUS | G8988 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SELF CARE D/C STATUS | G8989 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | OTHER PT/OT CURRENT STATUS | G8990 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | OTHER PT/OT GOAL STATUS | G8991 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | OTHER PT/OT D/C STATUS | G8992 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SUB PT/OT CURRENT STATUS | G8993 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SUB PT/OT GOAL STATUS | G8994 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | SUB PT/OT D/C STATUS | G8995 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Physical Therapy | Inpatient/Outpatient | APPL ULTRASOUND 8-22M | | \$86.47 | \$84.74 | \$85.61 | \$79.81 | \$84.74 |
| Occupational Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 8-22 MIN | 29105 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 23-37 MIN | 29105 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 38-52 MIN | 29105 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | APPL LONG ARM SPLINT 53-67 MIN | 29105 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 8-22 MIN | 29125 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 23-37 MIN | 29125 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 38-52 MIN | 29125 | \$270.15 | \$264.75 | \$267.45 | \$249.35 | \$264.75 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, STC 53-67 MIN | 29125 | \$360.20 | \$353.00 | \$356.60 | \$332.46 | \$353.00 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 8-22 MIN | 29126 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 23-37 MIN | 29126 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 38-52 MIN | 29126 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHT ARM SPLNT, DYN 53-67 MIN | 29126 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 8-22 MIN | 29130 | \$72.04 | \$70.60 | \$71.32 | \$66.49 | \$70.60 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 23-37 MIN | 29130 | \$144.08 | \$141.20 | \$142.64 | \$132.99 | \$141.20 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 38-52 MIN | 29130 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, STATIC 53-67 MIN | 29130 | \$288.16 | \$282.40 | \$285.28 | \$265.97 | \$282.40 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 8-22 MIN | 29131 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 23-37 MIN | 29131 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 38-52 MIN | 29131 | \$270.15 | \$264.75 | \$267.45 | \$249.35 | \$264.75 |

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|----------------------|----------------------|----------------------------------------------|-------|----------|----------|----------|----------|----------|
| Occupational Therapy | Inpatient/Outpatient | APPL FNGR SPLNT, DYN 53-67 MIN | 29131 | \$360.20 | \$353.00 | \$356.60 | \$332.46 | \$353.00 |
| Occupational Therapy | Inpatient/Outpatient | APPL LNG LEG SPLNT 8-22 MIN | 29505 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | APPL LNG LEG SPLNT 23-37 MIN | 29505 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | APPL LNG LEG SPLNT 38-52 MIN | 29505 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | APPL LNG LEG SPLNT 53-67 MIN | 29505 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLNT 8-22 MIN | 29515 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLNT 23-37 MIN | 29515 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLNT 38-52 MIN | 29515 | \$270.15 | \$264.75 | \$267.45 | \$249.35 | \$264.75 |
| Occupational Therapy | Inpatient/Outpatient | APPL SHORT LEG SPLNT 53-67 MIN | 29515 | \$360.20 | \$353.00 | \$356.60 | \$332.46 | \$353.00 |
| Occupational Therapy | Inpatient/Outpatient | BIOFEEDBACK 8-22 MIN | 90901 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | BIOFEEDBACK 23-37 MIN | 90901 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP 1ST HR | 96112 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP EA ADDL HR | 96113 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 8-22 MIN | 97016 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 23-37 MIN | 97016 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 38-52 MIN | 97016 | \$81.05 | \$79.43 | \$80.24 | \$74.81 | \$79.43 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 53-67 MIN | 97016 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 68-82 MIN | 97016 | \$135.08 | \$132.38 | \$133.73 | \$124.68 | \$132.38 |
| Occupational Therapy | Inpatient/Outpatient | APPL VASOPNM DVC 83-97 MIN | 97016 | \$162.09 | \$158.85 | \$160.47 | \$149.61 | \$158.85 |
| Occupational Therapy | Inpatient/Outpatient | APPL PARAFFIN BATH 8-22 MIN | 97018 | \$18.01 | \$17.65 | \$17.83 | \$16.62 | \$17.65 |
| Occupational Therapy | Inpatient/Outpatient | APPL FLUIDOTHERAPY EA 15 MINS | 97022 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | INFRARED THERAPY 1+ AREAS 8-22 MIN | 97026 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | INFRARED THERAPY 1+ AREAS 23-37 MIN | 97026 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | ELECTRICAL STIMULATION EA 15 MINS | 97032 | \$36.02 | \$35.30 | \$35.66 | \$33.25 | \$35.30 |
| Occupational Therapy | Inpatient/Outpatient | ELECTRIC CURRENT THERAPY EA 15 MINS | 97033 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | CONTRAST BATH THERAPY EA 15 MINS | 97034 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 8-22 MINS | 97035 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 23-37 MINS | 97035 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | ULTRASOUND THERAPY 38-52 MINS | 97035 | \$81.05 | \$79.43 | \$80.24 | \$74.81 | \$79.43 |
| Occupational Therapy | Inpatient/Outpatient | APPL FLUIDOTHERAPY EA 15 MINS | 97039 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | THERAPEUTIC EXERCISES EA 15 MINS | 97110 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | NEUROMUSCULAR REEDUCATION EA 15 MINS | 97112 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | GAIT TRAINING THERAPY EA 15 MINS | 97116 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 8-22 MINUTES | 97127 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 23-37 MINUTES | 97127 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 38-52 MINUTES | 97127 | \$135.08 | \$132.38 | \$133.73 | \$124.68 | \$132.38 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 53-67 MINUTES | 97127 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 68-82 MINUTES | 97127 | \$225.13 | \$220.63 | \$222.88 | \$207.79 | \$220.63 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 83-97 MINUTES | 97127 | \$270.15 | \$264.75 | \$267.45 | \$249.35 | \$264.75 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN | 97129 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN | 97130 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN | 97130 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN | 97130 | \$135.08 | \$132.38 | \$133.73 | \$124.68 | \$132.38 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN | 97130 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN | 97130 | \$225.13 | \$220.63 | \$222.88 | \$207.79 | \$220.63 |
| Occupational Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN | 97130 | \$270.15 | \$264.75 | \$267.45 | \$249.35 | \$264.75 |
| Occupational Therapy | Inpatient/Outpatient | MANUAL THERAPY EA 15 MINS | 97140 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 8-22 MIN | 97150 | \$18.01 | \$17.65 | \$17.83 | \$16.62 | \$17.65 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 23-37 MIN | 97150 | \$36.02 | \$35.30 | \$35.66 | \$33.25 | \$35.30 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 38-52 MIN | 97150 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 53-67 MIN | 97150 | \$72.04 | \$70.60 | \$71.32 | \$66.49 | \$70.60 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 68-82 MIN | 97150 | \$90.05 | \$88.25 | \$89.15 | \$83.12 | \$88.25 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 83-97 MIN | 97150 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 98-112 MIN | 97150 | \$126.07 | \$123.55 | \$124.81 | \$116.36 | \$123.55 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 113-127 MIN | 97150 | \$144.08 | \$141.20 | \$142.64 | \$132.99 | \$141.20 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 5+ PTS 128-142 MIN | 97150 | \$162.09 | \$158.85 | \$160.47 | \$149.61 | \$158.85 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 8-22 MIN | 97150 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 23-37 MIN | 97150 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 38-52 MIN | 97150 | \$81.05 | \$79.43 | \$80.24 | \$74.81 | \$79.43 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 53-67 MIN | 97150 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 68-82 MIN | 97150 | \$135.08 | \$132.38 | \$133.73 | \$124.68 | \$132.38 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 83-97 MIN | 97150 | \$162.09 | \$158.85 | \$160.47 | \$149.61 | \$158.85 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 98-112 MIN | 97150 | \$189.11 | \$185.33 | \$187.22 | \$174.55 | \$185.33 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 113-127 MIN | 97150 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | GROUP THERAPY 2-4 PTS 128-142 MIN | 97150 | \$243.14 | \$238.28 | \$240.71 | \$224.42 | \$238.28 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 08-22 MIN LOW COMPLEXITY | 97165 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 23-37 MIN LOW COMPLEXITY | 97165 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 38-52 MIN LOW COMPLEXITY | 97165 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 53-67 MIN LOW COMPLEXITY | 97165 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |

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| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 68-82 MIN LOW COMPLEXITY | 97165 | \$540.31 | \$529.50 | \$534.91 | \$498.71 | \$529.50 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 83-97 MIN LOW COMPLEXITY | 97165 | \$648.37 | \$635.40 | \$641.89 | \$598.45 | \$635.40 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 98-112 MIN LOW COMPLEXITY | 97165 | \$756.43 | \$741.30 | \$748.87 | \$698.18 | \$741.30 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 08-22 MIN MODERATE COMPLEXITY | 97166 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 23-37 MIN MODERATE COMPLEXITY | 97166 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 38-52 MIN MODERATE COMPLEXITY | 97166 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 53-67 MIN MODERATE COMPLEXITY | 97166 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 68-82 MIN MODERATE COMPLEXITY | 97166 | \$540.31 | \$529.50 | \$534.91 | \$498.71 | \$529.50 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 83-97 MIN MODERATE COMPLEXITY | 97166 | \$648.37 | \$635.40 | \$641.89 | \$598.45 | \$635.40 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 98-112 MIN MODERATE COMPLEXITY | 97166 | \$756.43 | \$741.30 | \$748.87 | \$698.18 | \$741.30 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 08-22 MIN HIGH COMPLEXITY | 97167 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 23-37 MIN HIGH COMPLEXITY | 97167 | \$216.12 | \$211.80 | \$213.96 | \$199.48 | \$211.80 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 38-52 MIN HIGH COMPLEXITY | 97167 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 53-67 MIN HIGH COMPLEXITY | 97167 | \$432.25 | \$423.61 | \$427.93 | \$398.97 | \$423.61 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 68-82 MIN HIGH COMPLEXITY | 97167 | \$540.31 | \$529.50 | \$534.91 | \$498.71 | \$529.50 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 83-97 MIN HIGH COMPLEXITY | 97167 | \$648.37 | \$635.40 | \$641.89 | \$598.45 | \$635.40 |
| Occupational Therapy | Inpatient/Outpatient | OT EVALUATION 98-112 MIN HIGH COMPLEXITY | 97167 | \$756.43 | \$741.30 | \$748.87 | \$698.18 | \$741.30 |
| Occupational Therapy | Inpatient/Outpatient | OT RE-EVALUATION 08-22 MIN | 97168 | \$81.05 | \$79.43 | \$80.24 | \$74.81 | \$79.43 |
| Occupational Therapy | Inpatient/Outpatient | OT RE-EVALUATION 23-37 MIN | 97168 | \$162.09 | \$158.85 | \$160.47 | \$149.61 | \$158.85 |
| Occupational Therapy | Inpatient/Outpatient | OT RE-EVALUATION 38-52 MIN | 97168 | \$243.14 | \$238.28 | \$240.71 | \$224.42 | \$238.28 |
| Occupational Therapy | Inpatient/Outpatient | OT RE-EVALUATION 53-67 MIN | 97168 | \$324.18 | \$317.70 | \$320.94 | \$299.22 | \$317.70 |
| Occupational Therapy | Inpatient/Outpatient | THERAPEUTIC ACTIVITIES EA 15 MINS | 97530 | \$63.04 | \$61.78 | \$62.41 | \$58.19 | \$61.78 |
| Occupational Therapy | Inpatient/Outpatient | COGNITIVE SKILLS DEVELOPMENT EA 15 MINS | 97532 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | SENSORY INTEGRATION EA 15 MINS | 97533 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | SELF CARE MNGMENT TRAINING EA 15 MINS | 97535 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | COMMUNITY/WORK REINTEGRATION EA 15 MINS | 97537 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | WHEELCHAIR MNGMENT TRAINING EA 15 MINS | 97542 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | WORK HARDENING INITIAL 2 HOURS | 97545 | \$360.20 | \$353.00 | \$356.60 | \$332.46 | \$353.00 |
| Occupational Therapy | Inpatient/Outpatient | WORK HARDENING EA ADDTL HR | 97546 | \$180.10 | \$176.50 | \$178.30 | \$166.23 | \$176.50 |
| Occupational Therapy | Inpatient/Outpatient | PHYSICAL PERFORM EA 15 MINS | 97750 | \$108.06 | \$105.90 | \$106.98 | \$99.74 | \$105.90 |
| Occupational Therapy | Inpatient/Outpatient | ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS | 97760 | \$54.03 | \$52.95 | \$53.49 | \$49.87 | \$52.95 |
| Occupational Therapy | Inpatient/Outpatient | PROSTHETIC TRAINING INIT ENC EA 15 MINS | 97761 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | C/O FOR ORTHOTIC/PROSTH USE EA 15 MINS | 97762 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | ORTHOC/PROSTC MGMT SUB ENC EA 15 MIN | 97763 | \$45.03 | \$44.13 | \$44.58 | \$41.56 | \$44.13 |
| Occupational Therapy | Inpatient/Outpatient | ESTIM UNATND NO WND CARE | G0283 | \$27.02 | \$26.48 | \$26.75 | \$24.94 | \$26.48 |
| Occupational Therapy | Inpatient/Outpatient | MOBILITY CURRENT STATUS | G8978 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | MOBILITY GOAL STATUS | G8979 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | MOBILITY D/C STATUS | G8980 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | BODY POS CURRENT STATUS | G8981 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | BODY POS GOAL STATUS | G8982 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | BODY POS D/C STATUS | G8983 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | CARRY CURRENT STATUS | G8984 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | CARRY GOAL STATUS | G8985 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | CARRY D/C STATUS | G8986 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SELF CARE CURRENT STATUS | G8987 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SELF CARE GOAL STATUS | G8988 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SELF CARE D/C STATUS | G8989 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | OTHER PT/OT CURRENT STATUS | G8990 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | OTHER PT/OT GOAL STATUS | G8991 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | OTHER PT/OT D/C STATUS | G8992 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SUB PT/OT CURRENT STATUS | G8993 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SUB PT/OT GOAL STATUS | G8994 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Occupational Therapy | Inpatient/Outpatient | SUB PT/OT D/C STATUS | G8995 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSCOPY FLEX, DIAGNOSTIC 8-22 MIN | 31575 | \$300.53 | \$294.52 | \$297.52 | \$277.39 | \$294.52 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSCOPY FLEX, DIAGNOSTIC 23-37 MIN | 31575 | \$601.06 | \$589.04 | \$595.05 | \$554.78 | \$589.04 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSCOPY FLEX, DIAGNOSTIC 38-52 MIN | 31575 | \$901.59 | \$883.56 | \$892.57 | \$832.17 | \$883.56 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSC, FLEX/RIGIS, W STRBS 8-22 MIN | 31579 | \$300.53 | \$294.52 | \$297.52 | \$277.39 | \$294.52 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSC, FLEX/RIGIS, W STRBS 23-37 MIN | 31579 | \$601.06 | \$589.04 | \$595.05 | \$554.78 | \$589.04 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSC, FLEX/RIGIS, W STRBS 38-52 MIN | 31579 | \$901.59 | \$883.56 | \$892.57 | \$832.17 | \$883.56 |
| Speech Therapy | Inpatient/Outpatient | LARYNGOSC, FLEX/RIGIS, W STRBS 53-67 MIN | 31579 | \$1,202.12 | \$1,178.08 | \$1,190.10 | \$1,109.56 | \$1,178.08 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 8-22 MIN | 92507 | \$72.13 | \$70.69 | \$71.41 | \$66.58 | \$70.69 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 23-37 MIN | 92507 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 38-52 MIN | 92507 | \$216.38 | \$212.05 | \$214.22 | \$199.72 | \$212.05 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 53-67 MIN | 92507 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 68-82 MIN | 92507 | \$360.64 | \$353.43 | \$357.03 | \$332.87 | \$353.43 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 83-97 MIN | 92507 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TREATMENT 98-113 MIN | 92507 | \$504.89 | \$494.79 | \$499.84 | \$466.01 | \$494.79 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TRTMNT 2-4 PTS 8-22 MIN | 92508 | \$36.06 | \$35.34 | \$35.70 | \$33.28 | \$35.34 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TRTMNT 2-4 PTS 23-37 MIN | 92508 | \$72.13 | \$70.69 | \$71.41 | \$66.58 | \$70.69 |

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|----------------|----------------------|---------------------------------------------------|-------|------------|------------|------------|------------|------------|
| Speech Therapy | Inpatient/Outpatient | SPEECH TRTMNT 2-4 PTS 38-52 MIN | 92508 | \$108.19 | \$106.03 | \$107.11 | \$99.86 | \$106.03 |
| Speech Therapy | Inpatient/Outpatient | SPEECH TRTMNT 2-4 PTS 53-67 MIN | 92508 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | NASOPHARYNGOSCOPY W ENDOSCOPE 8-22 MIN | 92511 | \$300.53 | \$294.52 | \$297.52 | \$277.39 | \$294.52 |
| Speech Therapy | Inpatient/Outpatient | NASOPHARYNGOSCOPY W ENDOSCOPE 23-37 MIN | 92511 | \$601.06 | \$589.04 | \$595.05 | \$554.78 | \$589.04 |
| Speech Therapy | Inpatient/Outpatient | NASOPHARYNGOSCOPY W ENDOSCOPE 38-52 MIN | 92511 | \$901.59 | \$883.56 | \$892.57 | \$832.17 | \$883.56 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 8-22 MIN | 92521 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 23-37 MIN | 92521 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 38-52 MIN | 92521 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 53-67 MIN | 92521 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 68-82 MIN | 92521 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH FLUENCY 83-97 MIN | 92521 | \$865.53 | \$848.22 | \$856.87 | \$798.88 | \$848.22 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 8-22 MIN | 92522 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 23-37 MIN | 92522 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 38-52 MIN | 92522 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 53-67 MIN | 92522 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 68-82 MIN | 92522 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH SOUND PROD 83-97 MIN | 92522 | \$865.53 | \$848.22 | \$856.87 | \$798.88 | \$848.22 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 8-22 MIN | 92523 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 23-37 MIN | 92523 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 38-52 MIN | 92523 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 53-67 MIN | 92523 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 68-82 MIN | 92523 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | EVAL SPEECH W/ LANG COMPREH 83-97 MIN | 92523 | \$865.53 | \$848.22 | \$856.87 | \$798.88 | \$848.22 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 8-22 MIN | 92524 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 23-37 MIN | 92524 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 38-52 MIN | 92524 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 53-67 MIN | 92524 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 68-82 MIN | 92524 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | BEHAV & QUAL ANALYS VOICE&RES 83-97 MIN | 92524 | \$865.53 | \$848.22 | \$856.87 | \$798.88 | \$848.22 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 8-22 MIN | 92526 | \$72.13 | \$70.69 | \$71.41 | \$66.58 | \$70.69 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 23-37 MIN | 92526 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 38-52 MIN | 92526 | \$216.38 | \$212.05 | \$214.22 | \$199.72 | \$212.05 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 53-67 MIN | 92526 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 68-82 MIN | 92526 | \$360.64 | \$353.43 | \$357.03 | \$332.87 | \$353.43 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW TREATMENT 83-97 MIN | 92526 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | SCREEN AUDITO BRAINSTEM RESPON | 92586 | \$72.13 | \$70.69 | \$71.41 | \$66.58 | \$70.69 |
| Speech Therapy | Inpatient/Outpatient | EVAL USE/FIT VOICE PROSTH 8-22 MIN | 92597 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | EVAL USE/FIT VOICE PROSTH 23-37 MIN | 92597 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | EVAL USE/FIT VOICE PROSTH 38-52 MIN | 92597 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | EVAL USE/FIT VOICE PROSTH 53-67 MIN | 92597 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | EVAL USE/FIT VOICE PROSTH 68-82 MIN | 92597 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | EX FOR NONSPEECH DEVICE RX 8-22 MIN | 92605 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | EX FOR NONSPEECH DEVICE RX 23-37 MIN | 92605 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | EX FOR NONSPEECH DEVICE RX 38-52 MIN | 92605 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | EX FOR NONSPEECH DEVICE RX 53-67 MIN | 92605 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | NON-SPEECH DEVICE TX 8-22 MIN | 92606 | \$72.13 | \$70.69 | \$71.41 | \$66.58 | \$70.69 |
| Speech Therapy | Inpatient/Outpatient | NON-SPEECH DEVICE TX 23-37 MIN | 92606 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | NON-SPEECH DEVICE TX 38-52 MIN | 92606 | \$216.38 | \$212.05 | \$214.22 | \$199.72 | \$212.05 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 8-22 MIN | 92610 | \$144.25 | \$141.37 | \$142.81 | \$133.14 | \$141.37 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 23-37 MIN | 92610 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 38-52 MIN | 92610 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 53-67 MIN | 92610 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 68-82 MIN | 92610 | \$721.27 | \$706.84 | \$714.06 | \$665.73 | \$706.84 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW EVAL 83-97 MIN | 92610 | \$865.53 | \$848.22 | \$856.87 | \$798.88 | \$848.22 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 8-22 MIN | 92611 | \$204.36 | \$200.27 | \$202.32 | \$188.62 | \$200.27 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 23-37 MIN | 92611 | \$408.72 | \$400.55 | \$404.63 | \$377.25 | \$400.55 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 38-52 MIN | 92611 | \$613.08 | \$600.82 | \$606.95 | \$565.87 | \$600.82 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 53-67 MIN | 92611 | \$817.44 | \$801.09 | \$809.27 | \$754.50 | \$801.09 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 68-82 MNS | 92611 | \$1,021.80 | \$1,001.36 | \$1,011.58 | \$943.12 | \$1,001.36 |
| Speech Therapy | Inpatient/Outpatient | MOD BARIUM SWALLOW 83-97 MIN | 92611 | \$1,226.16 | \$1,201.64 | \$1,213.90 | \$1,131.75 | \$1,201.64 |
| Speech Therapy | Inpatient/Outpatient | FEES 8-22 MIN | 92612 | \$264.47 | \$259.18 | \$261.83 | \$244.11 | \$259.18 |
| Speech Therapy | Inpatient/Outpatient | FEES 23-37 MIN | 92612 | \$528.93 | \$518.35 | \$523.64 | \$488.20 | \$518.35 |
| Speech Therapy | Inpatient/Outpatient | FEES 38-52 MIN | 92612 | \$793.40 | \$777.53 | \$785.47 | \$732.31 | \$777.53 |
| Speech Therapy | Inpatient/Outpatient | FEES 53-67 MIN | 92612 | \$1,057.87 | \$1,036.71 | \$1,047.29 | \$976.41 | \$1,036.71 |
| Speech Therapy | Inpatient/Outpatient | FEES 68-82 MIN | 92612 | \$1,322.33 | \$1,295.88 | \$1,309.11 | \$1,220.51 | \$1,295.88 |
| Speech Therapy | Inpatient/Outpatient | FEES 83-97 MIN | 92612 | \$1,586.80 | \$1,555.06 | \$1,570.93 | \$1,464.62 | \$1,555.06 |
| Speech Therapy | Inpatient/Outpatient | EX FOR NONSPEECH DEVICE RX EACH ADDITIONAL 30 MIN | 92618 | \$288.51 | \$282.74 | \$285.62 | \$266.29 | \$282.74 |
| Speech Therapy | Inpatient/Outpatient | APHASIA ASSESSMENT, 1 HR | 96105 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | APHASIA ASSESSMENT, 2 HR | 96105 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |

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|----------------|----------------------|-----------------------------------------------|-------|----------|----------|----------|----------|----------|
| Speech Therapy | Inpatient/Outpatient | APHASIA ASSESSMENT, 3 HR | 96105 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 8-22 MIN | 96110 | \$108.19 | \$106.03 | \$107.11 | \$99.86 | \$106.03 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 23-37 MIN | 96110 | \$216.38 | \$212.05 | \$214.22 | \$199.72 | \$212.05 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 38-52 MIN | 96110 | \$324.57 | \$318.08 | \$321.32 | \$299.58 | \$318.08 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 53-67 MIN | 96110 | \$432.76 | \$424.10 | \$428.43 | \$399.44 | \$424.10 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 68-82 MIN | 96110 | \$540.95 | \$530.13 | \$535.54 | \$499.30 | \$530.13 |
| Speech Therapy | Inpatient/Outpatient | DEVELOPMENTAL SCREENING (STANDARD), 83-97 MIN | 96110 | \$649.15 | \$636.17 | \$642.66 | \$599.17 | \$636.17 |
| Speech Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP 1ST HR | 96112 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | DEVEL TST PHYS/QHP EA ADDL HR | 96113 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | HC COGNITIVE LING TEST PER HOUR | 96125 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | COGNITIVE LING TEST, 2 HR | 96125 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | COGNITIVE LING TEST, 3 HR | 96125 | \$577.02 | \$565.48 | \$571.25 | \$532.59 | \$565.48 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 8-22 MINUTES | 97127 | \$60.11 | \$58.91 | \$59.51 | \$55.48 | \$58.91 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 23-37 MINUTES | 97127 | \$120.21 | \$117.81 | \$119.01 | \$110.95 | \$117.81 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 38-52 MINUTES | 97127 | \$180.32 | \$176.71 | \$178.52 | \$166.44 | \$176.71 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 53-67 MINUTES | 97127 | \$240.42 | \$235.61 | \$238.02 | \$221.91 | \$235.61 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 68-82 MINUTES | 97127 | \$300.53 | \$294.52 | \$297.52 | \$277.39 | \$294.52 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ W/FOCUS COG FUNCJ 83-97 MINUTES | 97127 | \$360.64 | \$353.43 | \$357.03 | \$332.87 | \$353.43 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN | 97129 | \$60.11 | \$58.91 | \$59.51 | \$55.48 | \$58.91 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN | 97130 | \$60.11 | \$58.91 | \$59.51 | \$55.48 | \$58.91 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN | 97130 | \$120.21 | \$117.81 | \$119.01 | \$110.95 | \$117.81 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN | 97130 | \$180.32 | \$176.71 | \$178.52 | \$166.44 | \$176.71 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN | 97130 | \$240.42 | \$235.61 | \$238.02 | \$221.91 | \$235.61 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN | 97130 | \$300.53 | \$294.52 | \$297.52 | \$277.39 | \$294.52 |
| Speech Therapy | Inpatient/Outpatient | THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN | 97130 | \$360.64 | \$353.43 | \$357.03 | \$332.87 | \$353.43 |
| Speech Therapy | Inpatient/Outpatient | SLP/LING CONGITIVE TX EA 15 MINS | 97532 | \$60.11 | \$58.91 | \$59.51 | \$55.48 | \$58.91 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW CURRENT STATUS | G8996 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW GOAL STATUS | G8997 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | SWALLOW D/C STATUS | G8998 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MOTOR SPEECH CURRENT STATUS | G8999 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MOTOR SPEECH D/C STATUS | G9158 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG COMP CURRENT STATUS | G9159 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG COMP GOAL STATUS | G9160 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG COMP D/C STATUS | G9161 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG EXPRESS CURRENT STATUS | G9162 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG EXPRESS GOAL STATUS | G9163 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | LANG EXPRESS D/C STATUS | G9164 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | ATTEN CURRENT STATUS | G9165 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | ATTEN GOAL STATUS | G9166 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | ATTEN D/C STATUS | G9167 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MEMORY CURRENT STATUS | G9168 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MEMORY GOAL STATUS | G9169 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MEMORY D/C STATUS | G9170 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | VOICE CURRENT STATUS | G9171 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | VOICE GOAL STATUS | G9172 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | VOICE D/C STATUS | G9173 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | OTHER SPEECH LANG CURRENT STATUS | G9174 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | OTHER SPEECH LANG GOAL STATUS | G9175 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | OTHER SPEECH LANG D/C STATUS | G9176 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Speech Therapy | Inpatient/Outpatient | MOTOR SPEECH GOAL STATUS | G9186 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| MRI Scanner | Inpatient/Outpatient | MRI TEMPOROMANDIBULAR JOINT | 70336 | \$414.28 | \$405.99 | \$410.14 | \$382.38 | \$405.99 |
| MRI Scanner | Inpatient/Outpatient | MRI ORBIT, FACE & NECK W/O CONTRAST | 70540 | \$390.61 | \$382.80 | \$386.70 | \$360.53 | \$382.80 |
| MRI Scanner | Inpatient/Outpatient | MRI ORBIT, FACE & NECK W/CONTRAST | 70542 | \$426.12 | \$417.60 | \$421.86 | \$393.31 | \$417.60 |
| MRI Scanner | Inpatient/Outpatient | MRI ORBIT, FACE & NECK W & W/O CONTRAST | 70543 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRA HEAD, W/O CONTRAST | 70544 | \$550.40 | \$539.39 | \$544.90 | \$508.02 | \$539.39 |
| MRI Scanner | Inpatient/Outpatient | MRA HEAD, W/CONTRAST | 70545 | \$544.48 | \$533.59 | \$539.04 | \$502.56 | \$533.59 |
| MRI Scanner | Inpatient/Outpatient | MRA HEAD, W & W/O CONTRAST | 70546 | \$846.32 | \$829.39 | \$837.86 | \$781.15 | \$829.39 |
| MRI Scanner | Inpatient/Outpatient | MRA NECK, W/O CONTRAST | 70547 | \$556.32 | \$545.19 | \$550.76 | \$513.48 | \$545.19 |
| MRI Scanner | Inpatient/Outpatient | MRA NECK, W/CONTRAST | 70548 | \$585.91 | \$574.19 | \$580.05 | \$540.79 | \$574.19 |
| MRI Scanner | Inpatient/Outpatient | MRA NECK, W & W/O CONTRAST | 70549 | \$852.23 | \$835.19 | \$843.71 | \$786.61 | \$835.19 |
| MRI Scanner | Inpatient/Outpatient | MRI BRAIN W/O CONTRAST | 70551 | \$260.40 | \$255.19 | \$257.80 | \$240.35 | \$255.19 |
| MRI Scanner | Inpatient/Outpatient | MRI BRAIN W/CONTRAST | 70552 | \$384.69 | \$377.00 | \$380.84 | \$355.07 | \$377.00 |
| MRI Scanner | Inpatient/Outpatient | MRI BRAIN W & W/O CONTRAST | 70553 | \$437.95 | \$429.19 | \$433.57 | \$404.23 | \$429.19 |
| MRI Scanner | Inpatient/Outpatient | MRI FUNCTIONAL BRAIN W/ STIM | 70554 | \$887.74 | \$869.99 | \$878.86 | \$819.38 | \$869.99 |
| MRI Scanner | Inpatient/Outpatient | MRI FUNC BRAIN W/ PHYSICIAN | 70555 | \$887.74 | \$869.99 | \$878.86 | \$819.38 | \$869.99 |
| MRI Scanner | Inpatient/Outpatient | MRI CHEST W/O CONTRAST | 71550 | \$568.16 | \$556.80 | \$562.48 | \$524.41 | \$556.80 |
| MRI Scanner | Inpatient/Outpatient | MRI CHEST W/CONTRAST | 71551 | \$621.42 | \$608.99 | \$615.21 | \$573.57 | \$608.99 |
| MRI Scanner | Inpatient/Outpatient | MRI CHEST W & W/O CONTRAST | 71552 | \$775.30 | \$759.79 | \$767.55 | \$715.60 | \$759.79 |
| MRI Scanner | Inpatient/Outpatient | MRA CHEST W/CONTRAST | 71555 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |

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|--------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|-------|----------|----------|----------|----------|----------|
| MRI Scanner | Inpatient/Outpatient | MRA CHEST W/O CONTRAST | 71555 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRA CHEST W/O & W/ CONTRAST | 71555 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONTNTS, CERV W/O CONTRAST | 72141 | \$248.57 | \$243.60 | \$246.08 | \$229.43 | \$243.60 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT CERV W/CONTRAST | 72142 | \$390.61 | \$382.80 | \$386.70 | \$360.53 | \$382.80 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT THOR W/O CONTRAST | 72146 | \$248.57 | \$243.60 | \$246.08 | \$229.43 | \$243.60 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT THOR W/CONTRAST | 72147 | \$390.61 | \$382.80 | \$386.70 | \$360.53 | \$382.80 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT LUMB W/O CONTRAST | 72148 | \$248.57 | \$243.60 | \$246.08 | \$229.43 | \$243.60 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT LUMB W/CONTRAST | 72149 | \$384.69 | \$377.00 | \$380.84 | \$355.07 | \$377.00 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT CERV W & W/O CONTRAST | 72156 | \$437.95 | \$429.19 | \$433.57 | \$404.23 | \$429.19 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT THOR W & W/O CONTRAST | 72157 | \$443.87 | \$434.99 | \$439.43 | \$409.69 | \$434.99 |
| MRI Scanner | Inpatient/Outpatient | MRI SP CAN & CONT LUMB W & W/O CONTRAST | 72158 | \$437.95 | \$429.19 | \$433.57 | \$404.23 | \$429.19 |
| MRI Scanner | Inpatient/Outpatient | MRA SPINAL CANAL W/CONTRAST | 72159 | \$544.48 | \$533.59 | \$539.04 | \$502.56 | \$533.59 |
| MRI Scanner | Inpatient/Outpatient | MRA SPINAL CANAL W/O CONTRAST | 72159 | \$544.48 | \$533.59 | \$539.04 | \$502.56 | \$533.59 |
| MRI Scanner | Inpatient/Outpatient | MRA SPINAL CANAL W/O & W/ CONTRAST | 72159 | \$544.48 | \$533.59 | \$539.04 | \$502.56 | \$533.59 |
| MRI Scanner | Inpatient/Outpatient | MRI PELVIS W/O CONTRAST | 72195 | \$503.05 | \$492.99 | \$498.02 | \$464.32 | \$492.99 |
| MRI Scanner | Inpatient/Outpatient | MRI PELVIS W/CONTRAST | 72196 | \$538.56 | \$527.79 | \$533.17 | \$497.09 | \$527.79 |
| MRI Scanner | Inpatient/Outpatient | MRI PELVIS W & W/O CONTRAST | 72197 | \$651.01 | \$637.99 | \$644.50 | \$600.88 | \$637.99 |
| MRI Scanner | Inpatient/Outpatient | MRA PELVIS W/CONTRAST | 72198 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | MRA PELVIS W/O & W/ CONTRAST | 72198 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | MRA PELVIS W/O CONTRAST | 72198 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR NON-JOINT W/O CONTRAST | 73218 | \$497.14 | \$487.20 | \$492.17 | \$458.86 | \$487.20 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR NON-JOINT W/CONTRAST | 73219 | \$532.65 | \$522.00 | \$527.32 | \$491.64 | \$522.00 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR NON-JOINT W/O & W/ CONTRAST | 73220 | \$651.01 | \$637.99 | \$644.50 | \$600.88 | \$637.99 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR ANY JT W/O CONTRAST | 73221 | \$278.16 | \$272.60 | \$275.38 | \$256.74 | \$272.60 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR ANY JT W/CONTRAST | 73222 | \$491.22 | \$481.40 | \$486.31 | \$453.40 | \$481.40 |
| MRI Scanner | Inpatient/Outpatient | MRI UPP EXTR ANY JT W & W/O CONTRAST | 73223 | \$603.67 | \$591.60 | \$597.63 | \$557.19 | \$591.60 |
| MRI Scanner | Inpatient/Outpatient | MRA UPPER EXTREM W/O & W/ CONTRAST | 73225 | \$538.56 | \$527.79 | \$533.17 | \$497.09 | \$527.79 |
| MRI Scanner | Inpatient/Outpatient | MRA UPPER EXTREM W/CONTRAST | 73225 | \$538.56 | \$527.79 | \$533.17 | \$497.09 | \$527.79 |
| MRI Scanner | Inpatient/Outpatient | MRA UPPER EXTREM W/O CONTRAST | 73225 | \$538.56 | \$527.79 | \$533.17 | \$497.09 | \$527.79 |
| MRI Scanner | Inpatient/Outpatient | MRI LOW EXTR NON-JOINT W/O CONTRAST | 73718 | \$491.22 | \$481.40 | \$486.31 | \$453.40 | \$481.40 |
| MRI Scanner | Inpatient/Outpatient | MRI LOW EXTR NON-JOINT W/CONTRAST | 73719 | \$538.56 | \$527.79 | \$533.17 | \$497.09 | \$527.79 |
| MRI Scanner | Inpatient/Outpatient | MRI LOW EXTR NON-JOINT W/O & W/ CONTRAST | 73720 | \$656.93 | \$643.79 | \$650.36 | \$606.35 | \$643.79 |
| MRI Scanner | Inpatient/Outpatient | MRI ANY JT OF LWR EXTR W/O CONTRAST | 73721 | \$278.16 | \$272.60 | \$275.38 | \$256.74 | \$272.60 |
| MRI Scanner | Inpatient/Outpatient | MRI ANY LWR EXTR JT W/CONTRAST | 73722 | \$497.14 | \$487.20 | \$492.17 | \$458.86 | \$487.20 |
| MRI Scanner | Inpatient/Outpatient | MRI ANY JT OF LOW EXTR W & W/O CONTRAST | 73723 | \$603.67 | \$591.60 | \$597.63 | \$557.19 | \$591.60 |
| MRI Scanner | Inpatient/Outpatient | MRA LOW EXTREM W/CONTRAST | 73725 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRA LOW EXTREM W/O CONTRAST | 73725 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRA LOW EXTREM W/O & W/ CONTRAST | 73725 | \$514.89 | \$504.59 | \$509.74 | \$475.24 | \$504.59 |
| MRI Scanner | Inpatient/Outpatient | MRI ABDOMEN W/O CONTRAST | 74181 | \$432.04 | \$423.40 | \$427.72 | \$398.77 | \$423.40 |
| MRI Scanner | Inpatient/Outpatient | MRI ABDOMEN W/CONTRAST | 74182 | \$609.58 | \$597.39 | \$603.48 | \$562.64 | \$597.39 |
| MRI Scanner | Inpatient/Outpatient | MRI ABDOMEN W & W/O CONTRAST | 74183 | \$656.93 | \$643.79 | \$650.36 | \$606.35 | \$643.79 |
| MRI Scanner | Inpatient/Outpatient | MRA ABDOMEN W/O CONTRAST | 74185 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | MRA ABDOMEN W/CONTRAST | 74185 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | MRA ABDOMEN W/O & W/ CONTRAST | 74185 | \$520.81 | \$510.39 | \$515.60 | \$480.71 | \$510.39 |
| MRI Scanner | Inpatient/Outpatient | 3D RENDERING OF MRI | 76376 | \$5.92 | \$5.80 | \$5.86 | \$5.46 | \$5.80 |
| MRI Scanner | Inpatient/Outpatient | MAGNETIC RESONANCE SPECTROSCOPY | 76390 | \$627.34 | \$614.79 | \$621.07 | \$579.03 | \$614.79 |
| MRI Scanner | Inpatient/Outpatient | MRI CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE MEDICA | G1004 | \$1.00 | \$0.98 | \$0.99 | \$0.92 | \$0.98 |
| Admissions | Inpatient | ADMISSION CHARGE | | \$526.33 | \$515.80 | \$521.07 | \$485.80 | \$515.80 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | FLUOROSCOPIC GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | IMAGING FLUOROSCOPIC GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | ANGIOGRAPHY/ARTERIOGRAPHY | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | CHEMO ADMIN, INJECTED | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | CT GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | IMAGING CT GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | CATH LAB OR MINUTE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | INTERVENTIONAL MINUTE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | INTERVENTIONAL OR MINUTES | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | CATH LAB OR MINUTE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | IMAGING OR MINUTES | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | ULTRASOUND GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | IMAGING ULTRASOUND GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | ELECTROPHYSIOLOGY OR MINUTES | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | CARDIAC CATH OR MINUTES | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | MRI GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Interventional Radiology-Therapeutic | Inpatient/Outpatient | IMAGING MRI GUIDANCE | | \$70.28 | \$68.87 | \$69.58 | \$64.87 | \$68.87 |
| Operating Room Clinic | Inpatient/Outpatient | WC MINOR PROCEDURE MINUTES | | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | GYN ONC MINOR PROCEDURE MINUTE | | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | ORC MINOR PROCEDURE MINUTES | | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | ASOA MINOR PROCEDURE MINUTES | | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |

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| Operating Room Clinic | Inpatient/Outpatient | INIT LOCAL TX, 1ST DEGREE BURN | 16000 | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | THORACENTESIS | 32554 | \$817.43 | \$801.08 | \$809.26 | \$754.49 | \$801.08 |
| Operating Room Clinic | Inpatient/Outpatient | IV START NICU | 36000 | \$272.48 | \$267.03 | \$269.76 | \$251.50 | \$267.03 |
| Operating Room Clinic | Inpatient/Outpatient | NONSELECTIVE CATH PLACEMENT IN VEIN | 36000 | \$108.99 | \$106.81 | \$107.90 | \$100.60 | \$106.81 |
| Operating Room Clinic | Inpatient/Outpatient | PICC LINE PLACEMENT > 5 YRS | 36569 | \$544.95 | \$534.05 | \$539.50 | \$502.99 | \$534.05 |
| Operating Room Clinic | Inpatient/Outpatient | PICC LINE PLACE 2+ ATTEMPTS | 36569 | \$1,089.91 | \$1,068.11 | \$1,079.01 | \$1,005.99 | \$1,068.11 |
| Operating Room Clinic | Inpatient/Outpatient | PICC LINE ATTEMPT | 36569 | \$544.95 | \$534.05 | \$539.50 | \$502.99 | \$534.05 |
| Operating Room Clinic | Inpatient/Outpatient | REMOVE CENTRAL VENOUS LINE | 36589 | \$108.99 | \$106.81 | \$107.90 | \$100.60 | \$106.81 |
| Operating Room Clinic | Inpatient/Outpatient | CANNULA DECLOT | 36593 | \$163.49 | \$160.22 | \$161.86 | \$150.90 | \$160.22 |
| Operating Room Clinic | Inpatient/Outpatient | BONE MARROW ASPIRATION | 38220 | \$363.30 | \$356.03 | \$359.67 | \$335.33 | \$356.03 |
| Operating Room Clinic | Inpatient/Outpatient | BONE MARROW BIOPSY | 38221 | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | PARACENTESIS INITIAL | 49082 | \$817.43 | \$801.08 | \$809.26 | \$754.49 | \$801.08 |
| Operating Room Clinic | Inpatient/Outpatient | PARACENTESIS SUBSEQUENT | 49082 | \$544.95 | \$534.05 | \$539.50 | \$502.99 | \$534.05 |
| Operating Room Clinic | Inpatient/Outpatient | INSERT VAG RAD APPARATUS FOR B | 57156 | \$18.17 | \$17.81 | \$17.99 | \$16.77 | \$17.81 |
| Operating Room Clinic | Inpatient/Outpatient | LUMBAR PUNCTURE | 62270 | \$544.95 | \$534.05 | \$539.50 | \$502.99 | \$534.05 |
| Observation | Outpatient | OBSERVATION UNIT PER HOUR | G0378 | \$81.05 | \$79.43 | \$80.24 | \$74.81 | \$79.43 |